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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2009

Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 \(\sum \) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) Ser section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a 🗌 Type I **b** ☐ Type II c Type III-Functionally integrated e 🔀 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(u) (ii) A family member of a person described in (i) above? 11g(m) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the supported organization(s). (III) Type of organization (iv) is the organization (i) Name of supported (ii) EIN (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Nα Yes Yes No Yes No

Par	t II Support Schedule for Org					and 170(b)(1)(A)(vi)
	(Complete only if you chec	ked the box	on line 5, 7,	or 8 of Part I	.)		
	tion A. Public Support		4 2 2000	() 0007	(.0.0000	1	T 10 = 1
Ca	lendar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	N/A	DID 1	DOT CH	ECK ,	Box S,	7,8 Pm
3	The value of services or facilities furnished by a governmental unit to the organization without charge	,					
4	Total. Add lines 1 through 3					ļ	+
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)		, , ,				
Cas	Public support. Subtract line 5 from line 4	<u> </u>	J	<u> </u>	L		4
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2003	(b) 2000	(0) 2007	(4) 2000	(e) 2005	(i) Total
8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	N/A	ID Hor	CHECK	Box 5	7,8 P	PRT/
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				;		
11	Total support. Add lines 7 through 10 .	L		<u> </u>			<u> </u>
12	Gross receipts from related activities, etc	(see instructi	ons) .			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere .		nd, third, fourth		ear as a secti	on 501(c)(3)
<u>Sec</u>	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2008 Sci	hedule A, Part	II, line 14		•	15	%
،6a					line 14 is 33'4'	% or more, cna	eck this box
	and stop nere. The organization qualifies	as a publicly	supported orga	ınızatıon	•		▶ []
b	331/3 % support test - 2008. If the organi					33¼% or more	, check this
	box and stop here. The organization qua	alifies as a pub	licly supported	organization .			▶ □
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "forganization meets the "facts-and-circumsta" Private foundation. If the organization did	facts-and-circun ances" test The	nstances" test, organization qu	check this box a alifies as a public	and stop here cly supported or	Explain in Part ganization	IV how the ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Sec	ction A. Public Support	za the box of	11110 0 01 7 0				
	alendar 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						()
2	any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities 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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5						
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						
r 8	Add lines 7a and 7b Public support (Subtract line 7c from	3, 3, 3, 3,					
<u></u>	line 6)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>	
	etion B. Total Support alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2003	(1) 2000	(0) 2007	(u) 2000	(e) 2003	(i) Total
9 10a	Amounts from line 6 . 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		11-27				
11	Add lines 10a and 10b 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.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here .		nd, third, fourth	n, or fifth tax y	ear as a sec	tion 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su	pport Percer	ntage		·		
15	Public support percentage for 2009 (lin			e 13, column	(f))	15	%%
16	Public support percentage from 2008 S					16	%%
Sec	tion D. Computation of Investmen					Г 	
17	Investment income percentage for 2009				olumn (f))	17	% %
18	Investment income percentage from 20				and line 15 is -	18)	
198	33½ % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33½ %, and 17 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization					ganization 🕨 🔲	
b	33½% support tests – 2008. If the organ line 18 is not more than 33½%, check this	ization did not is box and stop	check a box or here. The organ	ı line 14 or line nization qualifie	19a, and line 1 s as a publicly	6 is more that supported ord	n 33/3%, and ganization ► 🔲
20	Private foundation. If the organization						

Part (V	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Provide any other additional information. See instructions
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MYRTLE CREEK BENOVLENT & PROTECTIVE PO BOX 703 MYRTLE CREEK OR 97457

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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

1541 839 4606 10/15/2010

Date

Date