DLN: 93493183005028

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.IRS gov/form990

Return of Organization Exempt From Income Tax

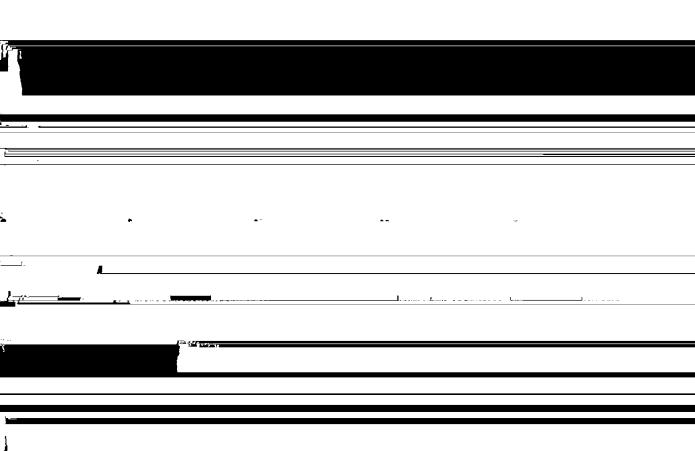
Open to Public Inspection

A For the 2017 c	alendar year, or tax year beginning 04-01-2017 , and ending 03-3	l-2018				
B Check if applicable ☐ Address change	C Name of organization BENEVOLENT&PROTECTIVE ORDER OF ELKS 1619		D Employer identification number 03-0104295			
☐ Name change ☐ Initial return ☐ Final return/terminated	Doing business as					
☐ Amended return ☐ Application pending	Number and street (or P O box if mail is not delivered to street address) Room/su BOX 367	te	E Telephone number (603) 467-6417			
	City or town, state or province, country, and ZIP or foreign postal code BELLOWS FALLS, VT 05101	G Gross receipts \$ 848,712				
	F Name and address of principal officer TRACY SICHLING		a group return for			
7 Tana anamata ata ba	18 BRIDGE STREET BELLOWS FALLS, VT 05101		dinates?			
I Tax-exempt status J Website: ► N/A	□ 501(c)(3)		" attach a list (see instructions) exemption number ▶ 1156			
K Form of organization	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of forma	tion 1939 M State of legal domicile VT			
Part I Sum	marv					
1 Briefly des	cribe the organization's mission or most significant activities	TO 5500 #55	A MEETING BLACE FOR MEMBERS WITH			
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Form	990 (2	017) Page 2
Part	Ш	Statement of Program Service Accomplishments
		Check if Schedule O contains a response or note to any line in this Part III
1	Briefly	describe the organization's mission
TO PR	OMOTE	FELLOWSHIP THROUGH PATRIOTIC AND CHARITABLE ACTIVITIES AND TO PROVIDE A MEETING PLACE FOR MEMBERS WHO SHARE A ILOSOPHY AND CONCERN FOR THE COMMUNITY
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			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	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛂	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
, ,	Did_the organization_report an amount for investments—program related in Part X. line 13 that is 5% or more of its			
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20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes		
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Form	990 (2017)				Page 5
Pa					
	Check if Schedule O contains a response or note to any line in this Pai	rt V	<u> </u>		<u> </u>
1.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	оГ	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vigambling) winnings to prize winners?				No
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				INO
	this return	2a	7		
b	If at least one is reported on line 2a, did the organization file all required federal emplo Note . If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (a		s? 2 b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the		. 3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation			Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sign				
_	financial account in a foreign country/such as a hank-account securities account or of	ther financial acco	uint)? I	ı	ı
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Set to 10 below, describe the cromostances processes, or some to the 2 through 70 below, and for a "No" response to lines 58 at 90 - 100 below, describe the cromostances processes, or	Form 990 (2	017)					Page 6
Section A. Governing Body and Management Ia Enter the number of voong members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body or if	Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 t 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu	hroug ule O	h 7b below, and See instruction	for a "No" s	response to	
In there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or	Section			<u> </u>		<u></u>	<u> </u>
In the ear material differences in voting nights among members of the governing body, or if the governing body of the governing body of the governing body of the governing body delegated broad authority to an executive committee or	Section	A. Governing body and Management				Vac	No
body, or if the governing body delegated broad authority to an executive committee or	1a Enter	the number of voting members of the governing body at the end of the tax year	1a		11	les	110
	body,	or if the governing body delegated broad authority to an executive committee or					
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Form 9	990 (2017)	Page 7
Part	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	<u>. ⊔</u>
	tion A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
year List List who res	replete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization ist all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount inpensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid stall of the organization's current key employees, if any. See instructions for definition of "key employee." It is the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) exceived reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the service and any related property.	n's tax
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	5 - 11 - 1 - 2 - 2 - 3 - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2	
a b	Enter the state(s) in which the organization conducts gaming activities VT Is the organization licensed to conduct gaming activities in each of these states? If "No," explain	No
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	No
	Schadula G / Form 990 or 990-	EZ) 2017
	Schedule G (Form 990 or 990-	LL) ZUI/

Part VII

(C) Compensation

Form 990 (2017)

(B) Description of services

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours	Average hours per than one box, unless person week (list any hours director/trustee) Position (do not check more than one box, unless person week (list any hours director/trustee) Reportable compensation from the organizations (W- organizations)							Reportable compensation from related organizations (W	-	(F) Estima mount o compens from t	ited f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	≘d
													-
	ub-Total				•		>						
_	otal from continuation sheets to Pa otal (add lines 1b and 1c)			٠.	٠.	•	* _		7,000				
2	Total number of individuals (including of reportable compensation from the o	but not limited	to thos			bove	e) who	rec	eived more than \$1	00,000			
												Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>						oyee, o	or hi	ghest compensated	employee on	3		No
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such									No			
5	, .	person listed on line 1a receive or accrue compensation from any unrelated organization or individual for rendered to the organization? If "Yes," complete Schedule J for such person								vidual for	5		No
	ction B. Independent Contract												
1	Complete this table for your five higher from the organization Report comper										ensa	ition	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and business address

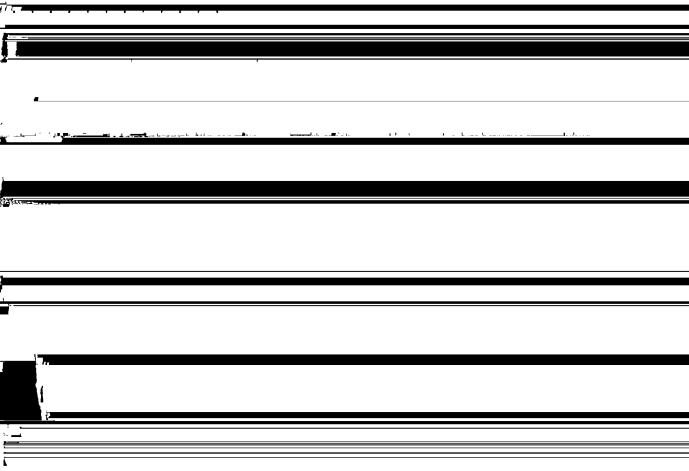
compensation from the organization ▶ 0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

	Check if Schedule O contains a	respo	nse or note to any	line in this Part VII	Ι.,			🗆
		·		(A) Total revenue	Re e fu	(B) lated or xempt inction evenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
16	1a Federated campaigns	1a			16	evenue		312-314
ributions, Gifts, Grants Other Similar Amounts	b Membership dues	1 b						
ב פנים	c Fundraising events	1c	7,977					
₹ § §	d Related organizations	1d						
ਤੋਂ ਵੁ	e Government grants (contributions)	1e						
Sir. Sin	f All other contributions, gifts, grants, and similar amounts not included							
utic Se tic	above	1f	5,500					
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contributions included in lines 1a-1f \$							
Cont and	h Total.Add lines 1a-1f		•	42.477				
				13,477 Code				1
Program Service Revenue	2a Membership Dues & Assessments				18,708			18,708
4								
3	b ————————————————————————————————————	•						
Σ	d	-						
Ē	e ————————————————————————————————————	-						
ogra	f All other program service revenue		L	l 18,708				
4	gTotal. Add lines 2a-2f		•	16,706				
	3 Investment income (including divider similar amounts)		nterest, and other	4,64	.5			4,64
	4 Income from investment of tax-exem		ond proceeds		0			
	5 Royalties				0			
	(ı) Real		(II) Personal					
	6a Gross rents							
	b Less rental expenses			1				
	c Rental income or							
	(loss)							
	d Net rental income or (loss)	•]	0			
	(i) Securitie	es	(II) Other	_				
		2,474						
	assets other than inventory							
	b Less cost or							
	other basis and 2. sales expenses	2,314						
	C Gain or (loss)	160				100		
	d Net gain or (loss)8a Gross income from fundraising ever		•	16		160		
<u>a</u>	(not including \$ 7,977 of							
듄	contributions reported on line 1c) See Part IV, line 18	a l	51,447					
Other Revenue	b Less direct expenses	ь	33,725	-				
erl	${f c}$ Net income or (loss) from fundraising	ng ev	ents 🕨	17,72	2			17,722
oth	9a Gross income from gaming activities See Part IV, line 19	5						
_	See Fall IV, line 13	a	627,682					
	b Less direct expenses	ь	595,625					
	c Net income or (loss) from gaming a	ctıvıtı	es >	32,05	7	32,057		
	10aGross sales of inventory, less returns and allowances							
		a	110,279					
	b Less cost of goods sold	ь	123,340	┙				
	Net income or (loss) from sales of ii	nvent		-13,06	1		-203	-12,858
	Miscellaneous Revenue		Business Code					
	-							
	b		•					
	с		•					
	d All other revenue							1
	e Total. Add lines 11a-11d		•		_			
	12 Total revenue. See Instructions				0			1
			· P	73,70	8	32,217	-203	28,217 Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other org	anızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note to any	y line in this Part IX			\square
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21	15,343	15,343		
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Balances

29

Secured mortgages and notes payable to unrelated third parties . . .

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SEAS 117 (ASC 958).

Complete Part X of Schedule D

Temporarily restricted net assets .

Permanently restricted net assets

Unrestricted net assets

23

24

25

26

27

28

29

13,483

66.322

65.744

15,452

86.847

39.415

Form	990 (2017)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u> </u>	<u>. </u>
	T				72 700
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u> </u>		73,708
2	Total expenses (must equal Part IX, column (A), line 25)	2			68,234
3	Revenue less expenses Subtract line 2 from line 1	3			5,474
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			126,262
5	Net unrealized gains (losses) on investments	5			330
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			132,066
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u> </u>	
	Accounting method used to prepare the Form 990	on a	2a	Yes	No

Additional Data

Software ID: 17005038 **Software Version:** 2017v2.2

Form 990, Part III, Line 4a:

TO LOCAL AREA, STATE AND NATIONAL CHARITIES

Form 990 (2017)

EIN: 03-0104295

Name: BENEVOLENT&PROTECTIVE ORDER OF ELKS 1619

TO PROVIDE A MEETING PLACE FOR MEMBERS WHO SHARE THE SAME PHILOSOPHY AND CONCERN FOR THE COMMUNITIES. TO PROVIDE CHARITABLE CONTRIBUTIONS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

DLN: 93493183005028 OMB No 1545-0047

Schedule D (Form 990) 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** BENEVOLENT&PROTECTIVE ORDER OF ELKS 1619 03-0104295 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D

Sche	dule D	(Form 990) 2017 Page 2
Part	111	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)
3		the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection (check all that apply)
а		Public exhibition d Loan or exchange programs
b		Scholarly research e Other
c		Preservation for future generations
4	Provide Part >	de a description of the organization's collections and explain how they further the organization's exempt purpose in KIII
5		g the year, did the organization solicit or receive donations of art, historical treasures or other similar s to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No
Par	t IV	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.
1a	Is the	organization an agent, trustee, custodian or other intermediary for contributions or other assets not
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Schedule D (Form 990) 2017

	Complete if the organi	zation answered 'Yes' on Form 990, Part	IV, li	ne 12a.		
1	Total revenue, gains, and other si	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 40	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem			Returi	n.
		zation answered 'Yes' on Form 990, Part	IV, I	ne 12a.		
1	Total expenses and losses per aud				1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25	ı	1		
а	Donated services and use of facili	ties	2a		_	
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, P	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
С	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 and 4	Ic. (This must equal Form 990, Part I, line 18) .		5	
Par	t XIIII Supplemental Info	ormation				
Prov XI,	vide the descriptions required for Pa lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide	4, Pari any a	t IV, lines 1b and 2b, Part idditional information	: V, line	4, Part X, line 2, Part
	Return Reference		Ex	planation		
See A	Additional Data Table					

Page 4

Page 5	Schedule D (Form 990) 2017		
	ormation <i>(continued)</i>	Part XIII Supplemental Info	
	Explanation	Return Reference	

Schedule D (Form 990) 2017

Additional Data

Software ID: 17005038
Software Version: 2017v2.2

EIN: 03-0104295

Name: BENEVOLENT&PROTECTIVE ORDER OF ELKS 1619

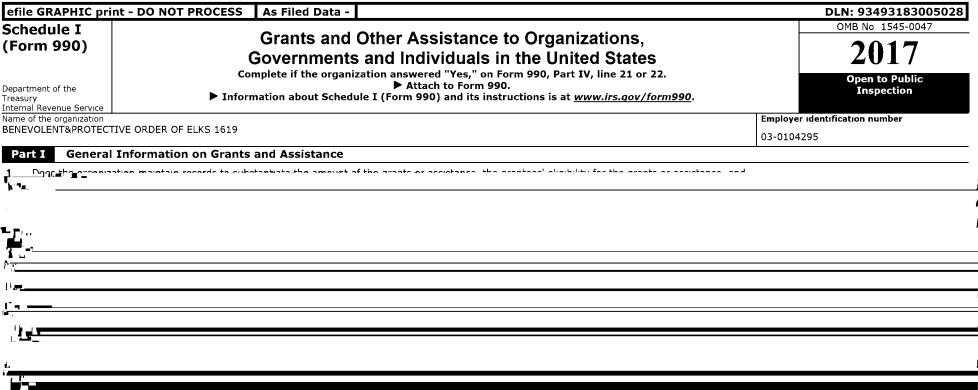
Supplemental Information

	Return Reference	Explanation
Part X	FIN48 Footnote	Management has analyzed its various federal tax filings for the last three preceding years that remain open with the statute of limitation, and they believe that the Organization's reported revenues and deductions are well documented and supported, and that no controver sial or questionable income tax reporting positions have been taken regarding these filing s Consequently, management believes that there are no unasserted tax liabilities, interes t or penalties related to these filings and, accordingly, has made no provision for continual gent income tax liabilities

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493183005028 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization BENEVOLENT&PROTECTIVE ORDER OF ELKS 1619 03-0104295 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017 Part II

Pa	Fundraising Events. Complethan \$15,000 of fundraising 6 gross receipts greater than \$	event contributions and			
		(a)Event #1 CLUB ACTIVITIES (event type)	(b) Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue					
~	1 Gross receipts	59,424			59,424
	2 Less Contributions	7,977			7,977
	3 Gross income (line 1 minus line 2)	51,447			51,447
	4 Cash prizes	20,000			20,000
٠.	5 Noncash prizes				
nsea	6 Rent/facility costs				
ad X	7 Food and beverages				
Direct Expenses	8 Entertainment				
	9 Other direct expenses	13,725			13,725
	10 Direct expense summary Add lines 4	33,725			
	11 Net income summary Subtract line 10	. , ,		•	17,722
Pai	rt III Gaming. Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1 Gross revenue		615,085	12,597	627,682
Expenses	2 Cash prizes		531,738	5,706	537,444
න් ර	3 Noncash prizes				
ਹ	4 Rent/facility costs				
ā	5 Other direct expenses		55,722	2,459	58,181
	6 1/0 upteer labor	☐ Yes %	✓ Yes 2 000 %	✓ Yes 2 000 %	
_					
17 18	available for public inspection. Indicate h	make its Form 1023 (or 1	024 if applicable), 990, ar ble Check all that apply)
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Sche	dule G (Form 990 or 990-EZ) 2017		Page 3
11	Does the organization conduct gaming activities with nonmembers?	□Yes	☑ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	□Yes	✓ No
13	Indicate the percentage of gaming activity conducted in	- 133	
а	The organization's facility		100 000 %
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		_
	Name ► RICHARD AUMAND		
	Address ► 11 KILBURN STREET N WALPOLE, NH 03609		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	☐ Yes	⊻ No
U	amount of gaming revenue retained by the third party \brace \$		
c	If "Yes," enter name and address of the third party		
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ► RICHARD AUMAND		
17.77			
III			
<u>.</u>			
	·		
-	 List all of the organization's former officers, key employees, or highest compensated employees who received more th	¢100 000	,
رك	cist and the organizations former officers, key employees, or nightest compensated employees who received more th	an \$100,000	,
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Schedule I (Form 990) 2017

Explanation

Return Reference

efile GRAPH	IC print	: - DO NOT PROCESS As Filed Data -	DLN	: 93493183005028	
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Supplemental Information to Form Complete to provide information for responses to Form 990 or 990-EZ or to provide any addition Attach to Form 990 or 990-EZ Information about Schedule O (Form 990 or 990-EZ www.irs.gov/form990.	n for responses to specific questions on provide any additional information. Form 990 or 990-EZ. orm 990 or 990-EZ) and its instructions is at		
	TECTIVE OR	plemental Information	Employer ident 03-0104295	tification number	
Return Reference		Explanation			
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	INDIVIDU	UALS			

Return Reference
Form 990. FORM 990 IS REVIEWED BY THE GOVERNING BODY BEFORE IT IS FILED

990 Schedule O, Supplemental Information

Part VI, Line 11b Form 990 Review Process

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,	DOCUMENTS ARE AVAILABLE FOR INSPECTION BY MEMBERS
Part VI, Line	
19 Other	
Organization	
Documents	
Publicly	
Available	