ı	, ,	2						Short For	m	2949	2225	060	OMB No 1545-1150		
	Form	99	0-EZ	A			Organiza	tion Exem	npt Fror				2017		
I			the Treasury	() (Under so	► Do not e	enter soci	ial security n	the Internal Re umbers on this	form as it i	may be made	public.	302	Open to Public		
			2017 calenda	25 4025 054			out Form 990	-EZ and its ins			gov/rorm990		20.1.0		
00				C Name of			2 2 2 2	04-01	, 2017, an	a enaing	T D Emple		3-31 ,2018		
			pplicable		-		BENE		. OF FI	a	_	D Employer identification number 98-0440674)			
	$\overline{}$		Idress change MYRTLE CREEK BENC ame change Temper and street (or PO box if m				VLENT PROTECTIVE ORDER OF ELKS all is not delivered to street address)  Room/suite				E Telephone number				
	=	Initial return		Treilibei and	311001 (01 1 0 00	2x 11  11	or delivered to suc	set address)		rtoonradite	Litelepin	one numbe	:1		
	$\overline{}$		n/terminated	D O BC	NY 703						154	41)863-	1943		
	$\equiv$		al return/terminated P O BOX 703 (541) City or town state or province country and ZIP or foreign postal code F Group E.												
ı	$\equiv$		n pending	Myrtle	creek,	OR 974	57				Numbe		1156		
		·	ting Method		X Accrual		(specify) ▶				I Check ▶	if the o	organization is not		
	1 V	Vebsite	e: ►				-				required to	attach Sch	edule B		
	JI	ax-exe	empt status (	check only o	one) - 🔲 50	)1(c)(3)	X 501(c)( <b>8</b> )	(insert no )	4947(a)(1) c	r 527	(Form 990,	990-EZ, o	r 990-PF)		
	KF	orm of	organization	Corpo	oration [	Trust	$\square$	Association	Other						
	L A	Add line	s 5b, 6c, and	7b to line 9	to determine	gross rec	eipts If gross	receipts are \$2	00,000 or m	ore, or if total	assets				
	<u> </u>							f Form 990-EZ			· · · · · ·		182,908		
	Pa	rt i		-		_		Assets or Fu		-	ne instructio	ns for Pa	_		
								ond to any qu					<u> x </u>		
		1			nts, and simila							1	17,096		
18		2	•				t fees and cor					2			
2018		3	•		assessments							3	20,737		
		5-	Investment II						   <sub>5</sub> _			4			
<del>-</del> =			Less cost o				iveniory .		5a	-		· [			
۵-							vontoni (Subtr	act line 5h from		<u> </u>		5c			
SEI		6	c Ga <sub>i</sub> n or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							50					
Ω			a Gross income from gaming (attach Schedule G if greater than						1 1						
Ψ	Je Je			-	•				6a		59,639				
ANNED	Revenue	b	•							of contribution		1			
$\prec$	Şe,			come from fundraising events (not including \$ of contributions draising events reported on line 1) (attach Schedule G if the						1 1					
	_			•	•		ceeds \$15,00		6b	. ]		1 1			
•		С	Less direct	•				·	6с		57,101	1			
		d	Net income of	or (loss) from	m gamıng an	d fundraisi	ing events (ad	ld lines 6a and (	o and subtr	aci		1			
_			line 6c)									6d	2,538		
-		7a	Gross sales	of inventory	y, less returns	s and allow	ances .		7a		61,354				
		b	Less cost of	f goods sold	t				7b	<u></u>	35,191	]			
		С	•			• •		from line 7a)		· · · · · · · · · · · · · · · · · · ·		7c	26,163		
	ĺ	8								DSO-SUI.	. !	8	24,082		
		9	Total revent	ue. Add line	es 1, 2, 3, 4,	5c, 6d, 7c,	and 8 ·	· · · · · · · ·			(mar. 12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	9	90,616		
		10								. ∞ .	manus .	10	16,213		
l.		11	Benefits paid									11			
*	ရွ	12			sation, and en				G ===	:\ <b>9</b> °	la⊈5 11 €	12			
œ	Expenses	13				-	endent contra			<b>5</b> 1		13	12,875		
2018	ğ	14			s, and mainte						(3)	14	22,125		
4	ш	15			ostage, and s				\ <i>F</i> .		المحال	15	1,884		
0 4		16			be in Schedul	,			<b>\</b>	· 1		16	43,034		
Δ.		17 18			e year (Subtra			· · · · · · · · · · · · · · · · · · ·				18	96,131		
SEP	ध	19						 7, column (A)) (				'0	(5,515)		
0	Net Assets	13			ted on prior y			7, column (A)) (	_			19	202 172		
<b>₹</b>	Ţ.	20					•••,	edule O)				20	282,179		
N	ž							through 20				21	(136, 397)		

For Paperwork Reduction Act Notice, see the separate instructions.

140,267 Form **990-EZ** (2017)





Form 990-EZ (2017) MYRTLE CREEK BENOVLENT P	PROTECTIVE ORDE	R OF ELKS	98-0	14406	74 Page 2
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to res	pond to any questio	n ın this Part II			<u> X</u> j
•		(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments			114,042	22	71,618
23 Land and buildings			175,983	23	77,159
24 Other assets (describe in Schedule O)			5,542	24	9,824
25 Total assets			295,567	25	158,601
26 Total liabilities (describe in Schedule O)			13,388	26	18,334
27 Net assets or fund balances (line 27 of column (B) must agree w	(th line 21)		282,179	27	140,267
Part III Statement of Program Service Accomplishme		tions for Part II		1-'-	
Check if the organization used Schedule O to res			_		Expenses
What is the organization's primary exempt purpose? Community S	· · · · · · · · · · · · · · · · · · ·		·	(Requ	ired for section
vivial is the organization's primary exempt purpose. Community 2	service and sch	OTALBILDS		501(c)	(3) and 501(c)(4)
Describe the organization's program service accomplishments for each				organi	zations, optional for
as measured by expenses. In a clear and concise manner, describe the		number of		others	;)
persons benefited, and other relevant information for each program title				<del>                                     </del>	
28 Christmas Baskets for the needy: We gave b			<del> </del>	1	
This program helped almost 1000 people dur		78.		1	
We partnered with 3 local Fire departments				00-	
(Grants \$ 4,000 ) If this amount inc		neck here		28a	4,400
29 Grad Night: We provide a place for local h		-			
graduates to have a drug and alcohol free	graduation part	у			
for approximatly 90 graduates attending.					
(Grants \$ ) If this amount inc	cludes foreign grants, c	neck here · · ·	▶ 📋	29a	3,750
30 Family Free Bowling: Once a year we rent t	he bowling alle	ЭУ			<b>,</b>
for parents and children to bowl for free.	We also suppor	t			
local scouts, YMCA, Cloth a Child, ENF, et	c.				
(Grants \$ ) If this amount inc	cludes foreign grants, c	heck here · · ·	· · · · · · · <u>•                                     </u>	30a	8,063
31 Other program services (describe in Schedule O)					
	cludes foreign grants, c	heck here	▶ 🔲	31a	
· · · · · · · · · · · · · · · · · · ·				32	16,213
Part IV List of Officers, Directors, Trustees, and Key Employ				tions fo	
Check if the organization used Schedule O to respond to					<i></i>
Check if the organization about equication of to respond to	diny quodition in time i	(c) Reportable	(d) Health benefits		
(a) Name and Alla	(b) Average	compensation	contributions to emp	1 1	e) Estimated amount of
(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MIS			other compensation
		(if not paid, enter -	O-) deferred compensa	ition	
Richard Schmidt	20.00				0
Secretary	30.00		0	0 -	0
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	-			-	
					Form <b>990-EZ</b> (2017)

EEA

Instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V    Yes  No  Yes  No  Yes  No  Bid 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	Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			<u> </u>
33 bet the organization accigns in any significant activity not previously reported to the IRSP If "res", provide a detailed description of seath activity in Schedule O (see any significant changes made to the organization of several properties of the			l		. []
desteed description of each activity in Schedule O  A Weer an inspiralizant changes made to the organizations of control of the commendation of th				Yes	No
detered description of cach activity in Schedule O  Were any supfliciant changes and set to the organization's name Chienways, explain the change on Schedule O <sub>1</sub> (see instructions)  35. June 10th eorganization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those property of the amended documents if they reflect a change to the organization's name Chienways, explain the change on Schedule O <sub>2</sub> (see instructions)  35. June 10th eorganization have unrelated business gross income of \$1,000 or more during the year from business activities (such as they exprend on intex 2,8 and 73 among others)?  35. June 10th eorganization in activities of the comparation of the comparatio	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
34 Were any significant changes made to the organizing or governing documents? If "rss," altach a conformed copy of the ammended documents in they reflect a change to the organization sance. Otherwise, explain the change on Schedule O (see natructions)  35a		detailed description of each activity in Schedule O	33	ļ	X
copy of the amended documents if they reflect a change to the organization's name. Offerwise, explain the change on Sheduke (Cyeen instructions)  34	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
change on Schedule O (see natructions)  \$ a bill the organization have unrelated business gross income of \$1,000 or more during the year from business at advises (such as those reported on lines 2, 6a, and 7a, among others)?  \$ bill **(***)* is the "Gash, has the organization flet a form 90-17 for the year" if "No." provide an explanation in a Schedule O  \$ bill **(**)* is the "Gash, has the organization flet a form 90-17 for the year" if "No." provide an explanation in Schedule O  \$ bill of the organization a socion \$01(c)(4), \$01(c)(6), or 501(c)(6) organization subject to section 6033(e) notice.  **The provide the graphic organization and the year of the year" if "No." provide an explanation in Schedule O  \$ bill the organization undergo a lequidation, dissolution, formation, or significant disposition of net assets during the year" if "No." complete Schedule O, Part III and one the fired, as described in the instructions  \$ bill the organization before without, or make any loans to, any officer, director, rustee, or key employee or were any such beans made in a prior year and still outstanding at the end of the tax year covered by this return?  \$ bill "In"exis." Complete Schedule I. Part III and enter the total amount involved  \$ bill "In"exis." Complete Schedule I. Part III and enter the total amount involved  \$ bill "In"exis." Complete Schedule I. Part III and enter the total amount involved  \$ caccion 501(c)(7) organizations. Enter amount of the data year covered by this return?  \$ bill the schedule on his 9. for public use of club facilities  \$ caccion 4911 bill year.  \$ section 501(c)(3), 501(c)(4), and 501(c)(2)) organizations before the organization engage in any section 4955 bill year.  \$ section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax emposed on any of its prior. Forms 990 or 990-EZ? If "Yes," complete Schedule I. Part I  \$ caccion 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax or line.  \$ caccion 501(c)(3), 501(c)(4), and 501(c)(2) organizatio					ł
35 a Dit the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as hose reported on lines 2. Sa. and 7a, among others?)			34		х
activities (such as those reported on lines 2, Sa, and 7a, among others)?  b If "Yes 1" to line 35h, has the reginazion field a firm 99.0 To fir the year? If "No." provide an explanation in Schedule O  b Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization subject to section 503(e) notice, reporting, and provy tax requirements during the year? If "No." provide an explanation or schedule N  78 Enter amount of policial experients during the year? If "No." provide an explanation of not assets during the year? If "Yes", complete applicable parts of Schedule N  79 Enter amount of policial experients during the year?  80 Did the organization of policial experients of natives, as described in the instructions  ■ 37a	35 a	·	<u> </u>		
b If "Yes," to line 35a, has the organization field a Form 990-T for the year? # 7%, "provide an explanation in Schedule O			35a		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 **Pes** complete Schedule C, Pert III	b	· · · · · · · · · · · · · · · · · · ·	35b		
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	С	·			
Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations Dut he organization drapsed by the organization of any of the great organization of any of the great of child has not been responded on any of its proof of the great of the g			35c		x
dump the year? If "res," complete applicable parts of Schedule N  7 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a  8 The organization for Form 1126-PCL for this year?  8 Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a price year and still outstanding at the end of the tax year covered by this resultion?  9 Section 501(c)(7) organizations Enter  9 a Instation fees and capital contributions included on line 9  9 39a Section 501(c)(3) organizations Enter and the still sti	36				
37 a Enter amount of policacil expenditures, direct or indirect, as described in the instructions			36		Х
b Did the organization lie Form 1120-POL for this year?  a Pol the organization borrow from, or make any losins to, any officer, director, frustee, or key employee or were any such losins made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b Section 501(c)(7) organizations Enter  a Initiation fees and capital contributions included on line 9  39a Section 501(c)(3) against in end 9, for public use of club facilities  39b Gross receives, included on hime 9, for public use of club facilities  39b Section 501(c)(3) against in end 9, for public use of club facilities  40a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under section 4915   • Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 From \$90 or 990-E27 II "Yes," complete Schedule L, Part I  • Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line  40c reimbursed by the organization  • All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-1.  11 List the states with which a copy of this return is filed to a shelter transaction? If "Yes," complete form 886-1.  12 The organizations blooks are in care of P Bichard. Schmidt. Telephone no a file in a shelt and the propagation shocks are in care of P Bichard. Schmidt.  12 The organization shocks are in care of P Bichard. Schmidt.  13 Telephone no o a file in the foreign country is the search of the organization shocks a	37 a			-	
38 a Did the organization borrow from, or make any loans to, any officer, director, frustee, 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?  b If "Yes," complete Schedule I., Part II and enter the total amount involved  38 b If "Yes," complete Schedule I., Part II and enter the total amount involved  38 b If "Yes," complete Schedule I., Part II and enter the total amount involved  39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911	b		37b		X
any such beans made in a proxy year and still outstanding at the end of the tax year covered by this return?  b if "Yes," complete Schedule I., Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on he 9, for public use of club facilities  39a	38 a	·			
b If "rise," complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations Enter a Intitation fees and capital contributions included on line 9 5 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 ▶ 5 Section 4911 ▶ 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 ▶ 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 secess 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-E27 if "Yes," complete Schedule L, Part I 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations and any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rembursed by the organization.  40 If organizations books are in care of ▶ Richard Schmidt  11 List the states with which a copy of this return is filed 12 Telephone no ▶ 541-863-1943  13 Telephone no ▶ 541-863-1943  14 Telephone no ▶ 541-863-1943  14 Telephone no ▶ 541-863-1943  15 Telephone no ▶ 541-863-1943  16 Telephone no ▶ 541-863-1943  17 Telephone no ▶			38a		x
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b Gross receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations. Einter amount of tax imposed on the organization during the year under section 4911 ▶ section 4915 ▶  b Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 40b  c Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Einter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Einter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Einter amount of tax on line 40c reimbivated by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  Lost the states with which a copy of this return is filed  The organization's books are in care of ★ Richard Schmidt  Located at ★ ₱ O BOX 703, kyrtle Creek, OR  If "Yes," enter the name of the foreign country ★  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account in a foreign country ★  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country ★  See the instructions for exceptions and filing requirements for FinCEN Form 1041-Check here and enter the amount of fax-exempt interest recoved or accrued during the tax year  If "Yes," enter the name of the foreign country ★  See the instruction of fax-exempt interest recoved or accrued du	а	Initiation fees and capital contributions included on line 9			ţ
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4915 ▶ section 4915 ▶ section 4915 ▶ section 4915 ▶ section 4955 Poseus 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction in a prior year that has not been reported on any of its prior. Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I	b	· · · · · · · · · · · · · · · · · · ·	1		;
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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  6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections. 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  40 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 It list the states with which a copy of this return is filed  42 The organization's blooks are in care of P Richard Schmidt  12 The organization's blooks are in care of P Richard Schmidt  12 The organization's provide are in care of P Richard Schmidt  12 The organization's provide are in care of P Richard Schmidt  12 The organization's provide are in care of P Richard Schmidt  13 The organization's provide are in care of P Richard Schmidt  14 Telephone no  15 Section 491(2) (1) one-organization have an interest in or a signature or other authority over a financial account in group in control organization have an interest in or a signature or other authority over a financial account in group in control organization have a nitrocare an interest in or a signature or other authority over a financial account in group in control organization have a provide an an interest in or a signature or other authority over a financial account in group in control organization have a provide an an interest in organization have a control organization maintain an office outside the United States?  1 All any time during the calendar year, did the organization maintain an office outside the United States?  1 All a Did the organization	40 a	L			
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## SCHEDULE G (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization					l	Employer idea	ntification number
MYRTLE CREEK BENOVLENT PROT	ECTIVE ORDE	R OF ELKS	3			98-04	40674
Part I Fundraising Activities	Complete if	the organ	ization an	swered "Yes" on	Form 99	0, Part IV	, line 17
Form 990-EZ filers are no						,	,
1 Indicate whether the organization rais				ties. Check all that an	nlv		
a Mail solicitations	ca lando un ough		-	of non-government gra	-		
b Internet and email solicitations				of government grants	21113		
<b>=</b>							
c   Phone solicitations		gЦ	Special fund	Iraising events			
d   In-person solicitations							
2a Did the organization have a written or							
or key employees listed in Form 990,	· · · · · · · · · · · · · · · · · · ·			-		∐ Ye	es 🗌 No
b If "Yes," list the 10 highest paid individ		undraisers) p	ursuant to ac	greements under which	h the fundra	iser is to be	~
compensated at least \$5,000 by the o	organization						
	<del></del>						
(r) Name and address of individual		(iii) Did funi	draiser have	(iv) Cross research		int paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or	r control of	(iv) Gross receipts from activity	(or retain	ined by)	(or retained by)
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Total		<u> </u>	<u></u> ▶	<u></u>			
3 List all states in which the organization	is registered or li	censed to sol	icit contributi	ons or has been notific	ed it is exen	npt from	
registration or licensing							
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	art I	Fundraising Events. Com		ENT PROTECTIVE ORD		0440674 Page 2		
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000							
		gross receipts greater than	\$5,000 (a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through		
			(event type)	(event type)	(total number)	col (c))		
Revenue	1	Gross receipts						
II.	2	Less Contributions						
	3	Gross income (line 1 minus line 2)						
						<u></u>		
	4	Cash prizes				<del> </del>		
	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs · · · · · ·						
Expe	7	Food and beverages · · · · ·						
Direct	8	Entertainment						
	9	Other direct expenses						
	10	Direct expense summary Add lines 4	through 9 in column (d)					
_	11	Net income summary Subtract line 1	0 from line 3, column (d)		-			
Pa	rt II		rganization answered	"Yes" on Form 990. Part	LIV line 19 or reported	more		
		than \$15,000 on Form 990-	-EZ, line 6a		try, inic ro, or reported	more		
enne		than \$15,000 on Form 990	-EZ, line 6a (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
Revenue	1	than \$15,000 on Form 990		(b) Pull tabs/instant		(d) Total gaming (add		
	1 2	-		(b) Pull tabs/instant		(d) Total gaming (add		
enses	2	Gross revenue		(b) Pull tabs/instant		(d) Total gaming (add		
enses	2	Gross revenue		(b) Pull tabs/instant		(d) Total gaming (add		
	2	Gross revenue	(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add		
enses	2 3	Gross revenue		(b) Pull tabs/instant		(d) Total gaming (add		
enses	3 4 5	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add		
enses	2 3 4 5	Gross revenue	(a) Bingo  Yes %  No  through 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add		
enses	2 3 4 5 6 7 8 Entils t	Cash prizes	(a) Bingo  Yes %  No  through 5 in column (d)  tot line 7 from line 1, column on conducts gaming activities	(b) Pull tabs/instant bingo/progressive bingo  Yes %  No  nn (d)	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
Direct Expenses	2 3 4 5 6 7 8 Entitle If "I We	Gross revenue	(a) Bingo  Yes %  No  through 5 in column (d)  on conducts gaming activition activities in each of the service of the se	(b) Pull tabs/instant bingo/progressive bingo  Yes %  No  nn (d)	(c) Other gaming  Yes%  No	(d) Total gaming (add col (a) through col (c))		

	Table G (Form 990 or 990-EZ) 2017 MYRTLE CREEK BENOVLENT PROTECTIVE ORDER OF ELKS 98-0440674 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes X 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?
13	Indicate the percentage of gaming activity conducted in
a	The organization's facility
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 In p. J L L L L L L L.
	Name Richard Schmidt
	Address ▶ P O BOX 703, Myrtle Creek, OR 97457
150	Does the organization have a contract with a third party from whom the organization receives gaming
IJa	revenue?
L	
b	If "Yes," enter the amount of gaming revenue received by the organization   \$ and the
	amount of gaming revenue retained by the third party
С	If "Yes," enter name and address of the third party
	Name ►
	Address ►
16	Gaming manager information
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided
	☐ Director/officer ☐ Employee ☐ Independent contractor
17	Mandatory distributions
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
~	
<b>b</b>	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or
Dat	spent in the organization's own exempt activities during the tax year \( \) \$  **Trick   Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and
Га	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information
	See instructions

## 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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

2017

Open to Public Inspection

MYRTLE CREEK BENOVLENT PROTECTIVE ORDER OF ELKS 98-0440674 01. Description of other revenue (Part I, line 8) Description Amount RENT 4,580 CONTRIBUTIONS 272 BEER GARDEN 1,955 BREAD WAGON 4,063 DINNER ON BRIDGE 1,172 SHOW AND SHINE 5,150 OTHER MISCELLANEOUS 6,680 02. List of grants and similar amounts paid (Part I, line 10) 16,213 03. Description of other expenses (Part I, line 16) Description Amount DEPRECIATION 4,420 CONVENTION 3,339 INSURANCE 4,821 PER CAPITA TAX 4,252 CREDIT CARD EXPENSE 1,769 SHOW AND SHINE EXPENSE 3,257 BEER GARDEN 1,165 BREAD WAGON EXPENSE 753

Schedule O (Form 990 or 990-EZ) (2017)  Name of the organization		Page - Employer identification number
MYRTLE CREEK BENOVLENT PROTECTIVE ORI	DER OF ELKS	98-0440674
CHARITY EXPENSE	15,525	
SUPPLIES	3,433	
OTHER UNCLASSIFIED		
04. Other changes in net assets or fu		
Description	Amount	
REMOVAL PROPOSED FIXED ASSETS/RE		
05. Description of other assets (Part		
Category	Beginning of Year	End of Year
INVENTORY & PREPAID INSURANCE	5,542	9,824
06. Description of total liabilities	(Part II, line 26)	
Category	Beginning of Year	End of Year
DEFERRED_DUES	13,388	13,452
ACCOUNTS PAYABLE	0	4,882