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# SCANNED OCT 2 3 2012

Form **990** 

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

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

For Paperwork Reduction Act Notice, see the separate instructions.

Ā	For the	2011 cale	endar year, or tax year beginnin	ng January 1 , 20	011, and end	ding	Decem	ber 31	, 20 11	
В		applicable	C Name of organization Fraternal					D Employe	r identification n	umber
	Address	change	Doing Business As						93-0404799	
	Name ch	nange	Number and street (or P O box if	mail is not delivered to street address	i) Room/	/suite		E Telephon	e number	
	Initial ret	turn	106 East Olive Street				541-265-2430			
	Termina	ted	City or town, state or country, and							
	Amende	d return	Newport, Oregon 97365-9998				[,	G Gross red	ceipts \$ 21	11,705 77
		ion pending	F Name and address of principal off	cer Patrick W Ruddiman						✓ No
			106 East Olive Street, Newpor	t, Oregon 97365				•	cluded? Yes	
ī .	Tax-exe	mpt status	501(c)(3) 2 501(c		1) or 527				list (see instruction	
J	J Website. ► H(c) Group exemption									
K	Form of	organization	Corporation Trust Assoc	ciation ✓ Other ► Fraternal	L Year of form	nation	2011	M State	of legal domicile	Or
Р	art I	Summ	ary				-	<del></del>		
	1	Briefly de	escribe the organization's mis	ssion or most significant activ	rities:					
•	j	Raise me	oney for various local charities	-						
Š	}									***********
Ę										***********
Activities & Governance	2	Check th	is box ▶ 🔲 if the organization	n discontinued its operations	or disposed	d of m	ore than	25% of 1	ts net assets.	
Ğ	3	Number	of voting members of the gov	verning body (Part VI, line 1a)				3		169
SS	4	Number	of independent voting memb	ers of the governing body (Pa	art VI, line 1	b) .		4		0
ij	5	Total nui	mber of individuals employed	ın calendar year 2011 (Part V	/, line 2a)			5		7
Ę	6	Total nui	mber of volunteers (estimate	if necessary)				6		50
⋖	7a			n Part VIII, column (C), line 12	· .			7a		
	b	Net unre	lated business taxable incom	e from Form 990-T, line 34_				7b		0.00
<b>6</b> )	Prior Year								Current Y	ear
	8	Contribu	0,201 72	;	21,833.33					
Ž	9 Program service revenue (Part VIII, line 29) 007 00 2012 00 100 100 100 100 100 100 100									
Revenue										210.99
Œ	11	Other re	venue (Part VIII, column (A), I	nes-5-6g-8c, 9c, 10c, and 1	1e)∦		10	5,517 71		49,631.22
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 116,4									71,675.54
	13	Grants a	ınd sımılar amounts paid (Par	t IX, column (A), lines 1-3)	!!					
	14	Benefits	paid to or for members (Part	IX, column (A), line 4) .						
Ś	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)							52,093 79		58,850 01
nse	16a	16a Professional fundraising fees (Part IX, column (A), line 11e)								
Expenses	ь	Total fur	ndraising expenses (Part IX, c	, ,	7		1 1 2			
ω	17	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)						8,932.12		24,845 73
	18	Total ex	penses. Add lines 13–17 (mu	st equal Part IX, column (A), li	ine 25)	Ĺ	8	1,025 91		83,695.74
	19	Revenue	e less expenses. Subtract line	18 from line 12	<u> </u>		3	5,458 10		12,019.90
5	S.					Begi	nning of Cu	rrent Year	End of Y	ear
sets	20	Total as	sets (Part X, line 16) .				1,08	7,403.10	1,0	66,566.57
Net Assets or	일 21	Total lia	bilities (Part X, line 26) .			<u> </u>	2	3,464.52		14,647.88
ž	22	Net ass	ets or fund balances Subtrac	t line 21 from line 20	<u> </u>	<u>.l.</u>	1,06	3,938 58	1,0	51,918 69
P	art II	Signa	iture Block		·					
U	nder pen	alties of per	ury, I declare that I have examined th	is return, including accompanying scl	hedules and st	tatemen	ts, and to th	he best of n	ny knowledge an	d belief, it is
tr	ue, corre	ct, and comp	plete Declaration of preparer (other tr	nan officer) is based on all information	or which prep	arer nas	any knowi	eage		
		11 -	thered -						-//-	
	gn	1' = 0 //4 /					Da	te		
H	ere									
		<del></del>	pe or print name and title	<del></del>		15:			law.	
P	aid	Print/T	ype preparer's name	Preparer's signature		Date		Check [	] if PTIN	
	repar	er						self-emp	oloyed	
	se On		name ►				Firm	n's EIN ▶		
		Firm's	address ▶		<del></del>		Pho	ne no		
8.4	ou tha l	DC dicour	ce this roturn with the proper	er shown above? (see instruct	tions)				ΓIYe	s No

	0 (2011)		Page 2
Part î		tatement of Program Service Accomplishments	
		Check if Schedule O contains a response to any question in this Part III	<u>.                                     </u>
1		describe the organization's mission	
	Raise	funds for local charities	· <b></b>
		•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •
2		e organization undertake any significant program services during the year which were not listed on the	
	•	orm 990 or 990-EZ?	No
		," describe these new services on Schedule O	
3	Servic	e organization cease conducting, or make significant changes in how it conducts, any program	7 N
		es''	∐ NO
		be the organization's program service accomplishments for each of its three largest program services, as measu	red by
·	exper	ses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code	) (Expenses \$ including grants of \$ ) (Revenue \$	)
			,
			·
4b	(Code	) (Expenses \$including grants of \$) (Revenue \$	)
4c	(Code	) (Expenses \$ \text{including grants of \$ \text{) (Revenue \$ }	1
	`		,
		······································	
4d		program services (Describe in Schedule O )	
	(Expe	nses \$ including grants of \$ ) (Revenue \$ )	

4e Total program service expenses ▶

Part'l	V Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			-
	complete Schedule A	1		<b>√</b>
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
	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		<b>✓</b>
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		<del>-</del> -
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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 98-197 If "Yes," complete Schedule C,			<b>√</b>
	Part III	5		<b>V</b>
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	_		,
7	"Yes," complete Schedule D, Part I	6		<b>✓</b>
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	_		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		<b>✓</b>
	complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	<u> </u>		Ė
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			1
	complete Schedule D, Part IV	9		✓
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		<b>✓</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable	*	,	3, 3
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	24	·	.23*
а	complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	110	<u> </u>	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		,	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
h	Schedule D, Parts XI, XII, and XIII	12a	-	
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			,
16	organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15	-	<b>  ✓</b>
10	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<b>√</b>
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	<del> </del>	<b>√</b>
13	If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	1	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	<del>-</del>	1
		For	m <b>99</b> 0	0 (2011)

Part I	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>✓</b>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	i	<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>✓</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b	i	<b>✓</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		<b>√</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	, , ,	*****	1
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	***************************************	<b>√</b>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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," complete Schedule R, Part V, line 2	35a 35b		<b>√</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		<b>✓</b>
	19? Note. All Form 990 filers are required to complete Schedule O	38	m 991	<b>√</b> <b>0</b> (2011

Form **990** (2011)

Part	<del></del>			
	Check if Schedule O contains a response to any question in this Part V	<del></del>	Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	$\vdash$	103	
1a _		1 (	**	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4	* *	
C	reportable gaming (gambling) winnings to prize winners?	1c	-	Ĩ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		,	<b>-</b>
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	h- 13 ~
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	V 2 .	٠,	<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	r	7
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	<u>1</u> - ξ,	2 37	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	**	8	Q.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	<b>V</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		Ì	<u> </u>
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	Mark.	2,5	***
	and services provided to the payor?	7a	ļ	<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<b> </b>	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1_		
	required to file Form 8282?	7c	1 2	<b>/</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	- in '		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<del>-</del>	1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b>∀</b>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		, ,	, <sup>**</sup> ,
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	. les chi	
_	Sponsoring organizations maintaining donor advised funds.	***	1	<del>  *</del>
9	Did the organization make any taxable distributions under section 4966?	9a		
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	+
10	Section 501(c)(7) organizations. Enter:	100	×,	,
а	Initiation fees and capital contributions included on Part VIII, line 12			5 J. S. C.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	<b>∃</b> _;;*;'		3""
11	Section 501(c)(12) organizations. Enter.	1,4,2,3		\$ ( · 🕸 .
··	Gross income from members or shareholders	1	, ' (ĝ' 12	2 >
b	Gross income from other sources (Do not net amounts due or paid to other sources	7		
	against amounts due or received from them )			
12a	10410 m 200 ch at Farm 10410	12a	1	1
b			. د د د ر	, d,,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	, *.;	1, 2,5	, xxx22 2
а	1. If the second to second south and the other page of the page of	13a	1	1
	Note. See the instructions for additional information the organization must report on Schedule O	544	1 rs .	1
b	Enter the amount of reserves the organization is required to maintain by the states in which	5.3	<b>]</b> 45	ر الا الا
	the organization is licensed to issue qualified health plans	'.		<u>"                                     </u>
С	Enter the amount of reserves on hand	,	, .	1.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	3	✓
h	If "Yes " has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	0	11

Part V									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O	see ins	itructi	ions.					
Section	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	·						
Section	The doverning body and Management		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year .   1a 169	,[		` :					
	If there are material differences in voting rights among members of the governing body, or	1 ,	· :						
	if the governing body delegated broad authority to an executive committee or similar	` `	* · · · · · · · · · · · · · · · · · · ·	, 1					
	committee, explain in Schedule O	^	4 "	-					
b		2	,	Xo 4					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			,					
3	any other officer, director, trustee, or key employee?	2		<b>/</b>					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		/					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<del> </del>	1					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<b>-</b>					
6	Did the organization have members or stockholders?	6	1	<del>  `</del>					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint								
	one or more members of the governing body?	7a	✓						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1	1						
_	stockholders, or persons other than the governing body?	7b	<u> </u>	<u> </u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			, 1					
•	The governing body?	8a							
a b	Each committee with authority to act on behalf of the governing body?	8b	1						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		<u> </u>	<del></del>					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	1					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	าue C	ode.)	)					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	<b>/</b>					
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			١,					
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<del>                                     </del>					
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	<b>✓</b>	<del> </del>					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	· j	1 . 3					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	+	<del> </del>					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	describe in Schedule O how this was done	12c		✓					
13	Did the organization have a written whistleblower policy?	13	✓						
14	Did the organization have a written document retention and destruction policy?	14	<b> </b> ✓						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	۸۶		١.					
_		150	2000	تقسيت					
a b	The organization's CEO, Executive Director, or top management official	15a 15b	$\vdash$	\ <u>\</u>					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100	<del> </del>	<del>                                     </del>					
16a		1 , 3	13 No	a'`					
	with a taxable entity during the year?	16a	Xadda	<b>\</b>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		23	***					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	* ~							
	organization's exempt status with respect to such arrangements?	16b		<b>√</b>					
	Let the states with which a copy of this Form 900 is required to be filed Oregan								
17 18	List the states with which a copy of this Form 990 is required to be filed Oregon  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1024 if applicable).	on 501	(c)(3)	s only)					
10	available for public inspection. Indicate how you made these available. Check all that apply.	50 1	(0)(0)	o omy)					
	Own website Another's website 🗸 Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict	of inte	rest	policy,					
	and financial statements available to the public during the tax year.		•	-					
20	State the name, physical address, and telephone number of the person who possesses the books and record	s of the	е						
	organization. Patrick W. Ruddiman 106 East Olive Street, Newport, Oregon, 97365								

orm	990	(2010)	١.

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

Check if Schedule O contains a response to any question in this Part VII . . .

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons

Check this box if neither the organization no	· · · · · · · · · · · · · · · · · · ·	a orga	anız			ompe	nsa	T		
(A)	(B)	_		(0	•			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr	nstitutional trustee	Officer	Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Mike Smith - Worthy President	1.0							0	o	0
80 NE 72nd Street, Newport, Oregon 97365	<u> </u>	-		1				ļ	ļ	
(2) Ron West - JR Worthy Past President	1.0	,				1		o	o	0
P.O. Box 531, Siletz, Oregon 97380	ļ	<b>/</b>	<del></del>	<b>✓</b>	⊢		<u> </u>			
(3) Herb Faber - Worthy Vice President 44 SW Brooks Street, Newport, Oregon 97365	.5			1				0	0	0
(4) Pat Ruddiman - Secretary 209 NE 10th Court, Newport, Oregon 97365	6.0			1				0	0	0
(5) Jim Sweeden - Chaplain P.O. Box 931, Newport, Oregon 97365	10		-	/				0	0	0
(6) Bob Field - Treasurer P.O Box 533, South Beach, Oregon 97366	1.5			1				0	0	0
(7) Josh Billy - Worthy Conductor P.O. Box 531, Siletz, Oregon 97380	2.0			1				0	0	0
(8) Arlen Phillips 923 SE Bay Blvd, Newport Oregon 97365	10	1						o	0	0
(9) Tom Madison 1088 Pioneer Mtn Loop, Toledo, Oregon 97391	1.0	1						o	0	0
(10) Frank Glantz 1539 NW Nye Street, Newport, Oregon 97365	1.0	1		i				O	0	0
(11) Leo Schulz 1512 NW Ocean View Drive, Newport, OR 97365	1.0	1					į	0	0	0
(12)	-									
(13)	-						-			
(14)	_	<del> </del>	T		$\vdash$					
(15)	-		T	T	T				-	
(16)	-									

Part	VII Section A. Officers, Directors, Trus	tees, Key	Emplo	yee	es, a	and	Highe	est	Compensated	Employees (con	tinued)
	(A)	(B) (C)							(D)	(E)	(F)
	Name and title	Average hours per	L	_	_		nat ap		Reportable compensation	Reportable compensation from	Estimated amount of
		week	Individual trustee or director	Institutional trustee	Officer	e e	Highest compensated employee	Former	from	related	other
		(describe hours for	rect	텵	) er	Key employee	nest loye	₽ĕ	the organization	organizations (W-2/1099-MISC)	compensation from the
		related	d 2	nal		) Oy	ë con		(W-2/1099-MISC)		organization
		organizations in Schedule	ste	trus		æ	þen				and related organizations
		O)	•	tee			sate				Organizations
(17)			<u> </u>	-	-		۵		<u> </u>		ļ
ΩΩ											
(18)							<u> </u>		<del></del>		
3											,
(19)					<u> </u>			$\vdash$			<del> </del>
3											
(20)										<del></del>	
*******	*								1		
(21)											
(22)											
(23)											
								<u> </u>			
(24)											
			ļ								
(25)											
	P 1744			ļ	_		<u> </u>				
(26)		]									
		ļ	ļ	ļ		<u> </u>	ļ	<u> </u>			
(27)	** <b>-</b>	ł				1					
(00)	<u> </u>		<u> </u>	├_	-	_	-	<del> </del>		-	<u> </u>
(28)			ŀ				1				
1b	Sub-total		L	<u></u>	l			Ļ	<del>                                     </del>	-	
C	Total from continuation sheets to Part	VII Sootia		•		•	•	<b>&gt;</b>			
d	Total (add lines 1b and 1c)	•				•	• •			<u> </u>	
2	Total number of individuals (including but	t not limite	d to th	•	·	tod	obov	2) 10	.l_	ore then \$100.0	00.0
_	reportable compensation from the organ			1056	# 1151	ieu	above	3) W	mo received m	ore man \$100,0	UU III
	rependence de la pendence de la companya de la pendence de la pend	- Lation F									Yes No
3	Did the organization list any former of	fficer, direc	ctor c	or tr	uste	ee.	kev e	emc	olovee, or high	nest compensat	
	employee on line 1a? If "Yes," complete										3 7
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	on a	and other com	pensation from t	
	organization and related organizations										
	ındıvıdual	-					•				4
5	Did any person listed on line 1a receive of	or accrue c	ompe	nsa	tion	fro	m any	y ur	related organi	zation or individ	ual
	for services rendered to the organization	? If "Yes," (	comp	lete	Scl	hed	ule J i	for s	such person	<u></u> .	5
Section	on B. Independent Contractors										
1	Complete this table for your five highest	compensa	ted in	dep	end	lent	contr	act	ors that receive	ed more than \$1	00,000 of
	compensation from the organization.										
	(A)								(B)		(C)
	Name and business add	ıress						<u> </u>	Description of s	services	Compensation
								_			
								_			
								1			
								_			· · · · · · · · · · · · · · · · · · ·
	Total mumb on of codes	(				1.	4 - 1 -	<u> </u>			<del></del>
2	Total number of independent contractor									ove) who	A Secretary of the second
	received more than \$100,000 in compen-	Sauon Irom	trie c	rya	ııza	uon		юп	e	<u></u>	* * * * * * * * * * * * * * * * * * *

Part VIII		Statement of Revenue				r age o
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts Its	1a	Federated campaigns 1a				1
grar oun	b	Membership dues . 1b 5,800.00				i
gifts, grants Iar amounts	C	Fundraising events 1c 4,401 72	,			,
	d	Related organizations 1d				1
ons,	e	Government grants (contributions) 1e		,		
utic Jer	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f \$				, ,
Contributions, and other simi		Total. Add lines 1a-1f	10,201.72	` ′		,
		Business Code			,	'
Program Service Revenue	2a					
B. Be	b					
Š	С					
Se	d				-	
Iran	e ,	All other programmer and an arrangement				
P.o.	g	All other program service revenue .  Total. Add lines 2a-2f				<u></u>
	3	Investment income (including dividends, interest,				
		and other similar amounts)	764.58	764 58		
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
				•		
	6a	Gross Rents .		,	, ,	5
	b	Less rental expenses Rental income or (loss)			* .	1
	d	Net rental income or (loss)			•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	7a	Gross amount from sales of (i) Securities (ii) Other		<u> </u>		, ,
		assets other than inventory		* \	• .	<b>*</b> .**,
	b	Less. cost or other basis	,		* * * * * * * * * * * * * * * * * * * *	,
		and sales expenses	, , , , ,		*	,
	C	Gain or (loss)		~ >		3
	d	Net gain or (loss) ▶			,	
nue	8a	Gross income from fundraising	•		* ' '	*
		events (not including \$			,	
Other Reve		of contributions reported on line 1c)				j
Je.		See Part IV, line 18 . a	t		,	,
ᅙ		Less direct expenses b	·			^
		Net income or (loss) from fundraising events .  Gross income from gaming activities				
	Ja	See Part IV, line 19 a 122,756 47		,	, -	, , , ,
	Ь	Less direct expenses b 89,026.98			3	3 4
	c	Net income or (loss) from gaming activities	33,729.49	33,729.49		المراجعة مستدم المتدالية ما عشاه مما
	10a	3 · 1			~	
		returns and allowances a 146,954 22		,	*	
	b	Less: cost of goods sold . b 75,166.00	na a 69 -da a a dagaranan an			
		Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code	71,788.22	71,788.22		
	11a	Musicendineous Deveniue Business Code		X		
	b			· · · · · · · · · · · · · · · · · · ·		
	C					<del> </del>
	d	All other revenue				
	е	Total. Add lines 11a-11d ▶				
	12_	<b>Total revenue.</b> See instructions ▶	116,484 01		1	

# Part IX Statement of Functional Expenses

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

	All other organizations must complete co	numn (A) but are not	requirea to comple	ete columns (B), (C),	ana (D).
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .			,	,
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			-	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			* ***	244
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees			31.5	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .	45,305.75		45,305 75	
9 10 11	Other employee benefits	6,788 04		6,788 04	
a b c	Management	275.00		275.00	
d e f	Lobbying . Professional fundraising services. See Part IV, line 17 Investment management fees		A	, *	
g 12 13	Other	4,796.68		4,796.68	
14 15	Information technology Royalties	4,730.00		4,750.00	
16 17 18	Occupancy	16,117.10	-	16,117.10	
19	for any federal, state, or local public officials  Conferences, conventions, and meetings	1,068.17		1,068.17	
20 21 22	Interest Payments to affiliates Depreciation, depletion, and amortization				
23 24	Insurance	884.92		884.92	
	above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				* * *
а	Fund Raising Expenses	2,038.42		4.470.00	2,038.42
b c	Music Expense  Dues payments to Aerie	1,170.00 3,622 00		1,170.00 3,622.00	
d e		3,022 00		3,022 00	
f	All other expenses	28 00			-
25	Total functional expenses. Add lines 1 through 24f	81,025 91		78,987.49	2,038 42
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing . . . . 57,407 48 2 82,403 10 2 Savings and temporary cash investments . 3 3 Pledges and grants receivable, net . . . 4 Accounts receivable, net . . . . . . Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net . . . . 7 8 Inventories for sale or use . 5.000.00 8 5,000.00 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or 10a other basis. Complete Part VI of Schedule D 10a 1.000.000 00 10b 0.00 1,000,000.00 1,000,000.00 Less accumulated depreciation 10c 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11. 12 Investments—program-related See Part IV, line 11... 13 13 14 14 Intangible assets . . . . 15 15 Other assets See Part IV, line 11 . . . . 16 Total assets. Add lines 1 through 15 (must equal line 34) . 1.062.407 48 16 1,087,403.10 17 17 Accounts payable and accrued expenses . . 18 18 Grants payable 19 Deferred revenue 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . 33,927.00 23 23,464.52 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 . 26 33,927.00 23.464.52 Organizations that follow SFAS 117, check here ▶ 
☐ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Permanently restricted net assets. 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and ŝ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . 31 32 32 Retained earnings, endowment, accumulated income, or other funds 1,063,938 58 1,028,480.48 33 33 Total net assets or fund balances . . . Total liabilities and net assets/fund balances . 1,062,407.48 1,087,403.10

orm 99	0 (2010)			Pa	ge <b>12</b>
Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		116,48	
2	Total expenses (must equal Part IX, column (A), line 25)	2			25.91
3	Revenue less expenses Subtract line 2 from line 1	3		<u>-</u>	58.10
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,028,48	80.48
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	1,	,063,93	38.58
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990.	plaın ın			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
b	Were the organization's financial statements audited by an independent accountant?		2b		<b>√</b>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	ersight/			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c		✓
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in	,^),	, ,	4 5.1
	Schedule O		^ ;	( i .	
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar were		1	7.2
	issued on a separate basis, consolidated basis, or both		*.		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			3 3 3 42 2	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	•	3b		<b>√</b>

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	nal Order of Eagles, Aerie 2817	A	93-0404799
Par		or Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to F	<del></del>	(h) Finds and allowance to
4	Total aumhor at and af user	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3 4	Aggregate grants from (during year) . Aggregate value at end of year .		
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
9	funds are the organization's property, subjections	<u>=</u>	
6	Did the organization inform all grantees, do	•	
•	only for charitable purposes and not for the		
	conferring impermissible private benefit?		
Par		olete if the organization answered "Yes	
1	Purpose(s) of conservation easements held		, , , , , , , , , , , , , , , , , , , ,
	Preservation of land for public use (e.g.,		of an historically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation ea	sements	. 2b
С	Number of conservation easements on a ce	· ·	. <u>2c</u>
d	Number of conservation easements include		
	historic structure listed in the National Regis		· · 2d
3	Number of conservation easements modifie	ed, transferred, released, extinguished, or te	erminated by the organization during the
	tax year ▶		
4	Number of states where property subject to		
5	Does the organization have a written po- violations, and enforcement of the conserva-		
_			_ ,,,,
6	Staff and volunteer hours devoted to monito	oring, inspecting, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring	unananting, and enforcing conceniation of	ecoments during the year
7	► \$	, inspecting, and emorcing conservation ea	sements during the year
8	Does each conservation easement reported	d on line 2(d) above satisfy the requirement	s of section 170(h)(4)(B)
Ü	(i) and section 170(h)(4)(B)(ii)? .	on me zay above salary the requirement	· · · · · · · · · · Yes · No
9	In Part XIV, describe how the organization r	reports conservation easements in its reven	
3	balance sheet, and include, if applicable, th		
	organization's accounting for conservation		
Par	III Organizations Maintaining Coll	ections of Art, Historical Treasures,	or Other Similar Assets.
		wered "Yes" to Form 990, Part IV, line	
1a	If the organization elected, as permitted ur	nder SFAS 116 (ASC 958), not to report in	its revenue statement and balance sheet
	works of art, historical treasures, or other		
	public service, provide, in Part XIV, the text	of the footnote to its financial statements t	that describes these items
b		under SFAS 116 (ASC 958), to report in i	ts revenue statement and balance sheet
	works of art, historical treasures, or other		education, or research in furtherance of
	public service, provide the following amour	nts relating to these items.	
	(i) Revenues included in Form 990, Part VI		
			<b>▶</b> \$
2	If the organization received or held works		liar assets for financial gain, provide the
	following amounts required to be reported		e items
а	Revenues included in Form 990, Part VIII, li		<u>\$</u>
b	Assets included in Form 990, Part X		▶ \$

Part	III Organizations Maintaining	Colle	ections of	Art, His	torical 1	reasures,	or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	acces							
а	☐ Public exhibition			d	☐ Loan	or exchange	e progi	rams	
b	☐ Scholarly research			е	☐ Other	r			
C	☐ Preservation for future generations	3							
4	Provide a description of the organizat	tion's d	collections	and expla	ain how t	hey further t	he org	anızatıon's exer	npt purpose in Part
	XIV								
5	During the year, did the organization								
	assets to be sold to raise funds rather								
Part	IV Escrow and Custodial Arra	_		•	_	janization a	ınswei	red "Yes" to Fo	orm 990, Part IV,
	line 9, or reported an amoun								
1a	Is the organization an agent, trustee,	, custo			<del>-</del>		ons or	other assets n	
	included on Form 990, Part X? .	•							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIV	and comp	lete the fo	ollowing t	able		<del></del>	
	_								mount
C	Beginning balance	•	•	•			1c		
d	Additions during the year .	•	•	•	•		1d	<del></del>	
e	Distributions during the year	•					1e	<del></del>	
f	Ending balance					•	1f	<u> </u>	
2a	Did the organization include an amoun			art X, IIne	21? .				☐ Yes ☐ No
	If "Yes," explain the arrangement in Part Endowment Funds. Complete Complet			zotion ai	acutorod	"Voc" to E	orm O	00 Part IV line	2.10
Ган	Endowment Funds. Comple		Current year		or year	(c) Two years		(d) Three years bac	
10	Beginning of year balance .			(5)		(6) 1110 your		(a) Times yours bus	(e) Four yours back
1a b	Contributions	<del> </del> -	<del></del>	-					
C	Net investment earnings, gains, and			<del>                                     </del>	<del></del>	<del> </del>			Life of the Secretary
Ŭ	losses								
d	Grants or scholarships					<u> </u>		<del></del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e	Other expenditures for facilities and			<del> </del>		<del> </del>			AND WHAT AND A
	programs			1		1			
f	Administrative expenses .					<u> </u>			
g g	End of year balance		<del></del>			<del>                                     </del>			
2	Provide the estimated percentage of t	the cu	rrent vear e	nd balan	ce (line 1	a, column (a)	) held	as:	
а	Board designated or quasi-endowme		,	%	` `		•		
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶		%						
	The percentages in lines 2a, 2b, and 2	2c sho	uld equal 1	00%					
За	Are there endowment funds not in th				ization th	at are held a	and ad	ministered for t	he
	organization by:								Yes No
	(i) unrelated organizations			•					3a(i)
	(ii) related organizations		•						3a(ii)
b	If "Yes" to 3a(II), are the related organ								3b
4	Describe in Part XIV the intended use								
Par		pmen							
	Description of property		(a) Cost or (invest			or other basis other)		Accumulated epreciation	(d) Book value
1a	Land	. 7				1,000,000.00	€ 8		1,000,000.00
b	Buildings	. [							
С	Leasehold improvements								
d	Equipment				ļ				
е	Other				<u> </u>				
Total	. Add lines 1a through 1e. (Column (d) i	must e	qual Form	990, Part	X, colum	n (B), line 10	)(c) )	▶	1,000,000.00

(A) (B) (C) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶  Part VIII Investments — Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value	Part VII	Investments - Other Securit	i <b>es.</b> See Form 990, Part X	line 12.
2) Closely-held equity interests 3) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(8		(b) Book value	
(A)	(1) Financia	I derivatives		
(8) (8) (7) (8) (8) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(2) Closely-I	held equity interests		
(G)	(3) Other		<del>-</del>	
Col.				
(i) (ii) (iii) (iii) (iii) (iii) (iiii) (iii) (iiii) (iii) (				
(G) (G) (G) (F) (G) (G) (F) (G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(G) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H				
(G) (H) (Dotal, Column (b) must equal Form 990, Part X, col (B) line 12.) ▶  Part VIII Investments — Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value  (I) (2) (3) (4) (5) (6) (9) (10)  Part IX Other Assets. See Form 990, Part X, line 15.  (9) Description (10) (10) (10) (10) (10) (10) (10) (10)				
File				
Total (Column (b) must equal Form 990, Part X, col (B) line 12) ►				
Index.	(I)			
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value  (1)	Total. (Column	(b) must equal Form 990, Part X, col (B) line 12	) ▶	· · · · · · · · · · · · · · · · · · ·
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Part VIII	Investments – Program Rela	ated. See Form 990, Part	K, line 13.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Book value (b) Book value (c) Book value (d) Book value (e) Book value (f) Federal income taxes (a) Book value (b) Book value (c) Book value (d) Book value (e) Book value (f) Federal income taxes (g) Book value (g) Book value (h) Book value		(a) Description of investment type	(b) Book value	
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(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Part X Other Liabilities. See Form 990, Part X, col (B) line 15.) ▶  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶			<del></del>	
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Part X Other Liabilities. See Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶				
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(a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		(b) must equal Form 990, Part X, col (B) line 13	·) ▶	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)  Total, (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	(10)		45)	
1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)  Total, (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶				· · · · · · · · · · · · · · · · · · ·
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total, (Column (b) must equal Form 990, Part X, col (β) line 25.) ▶				***
(2) (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶			(5) 2000 1000	
(3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		ar moorne taxee		
(4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶				
(5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶				
(7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶				
(8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	(6)			
(9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶				
(10) (11) Total. (Column (b) must egual Form 990, Part X, col (B) line 25.) ▶				- A STATE OF THE S
(11)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶				A day ye
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶				
10tal, (Lolumin (p) must equal rollin 990, rail A, COI (p) mile 20.7 F		A must squal Form 000 Part V soil /Pi line 2	51 🕨	
	TOTAL (COMM	(ASC 740) Footpote In Bart XIV pr	ovide the text of the footnote	to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

art )	Reconciliation of Change in Net Assets from Form 990 to Audited Financial States	nents	
ו ו	otal revenue (Form 990, Part VIII, column (A), line 12)	1	
2 1	otal expenses (Form 990, Part IX, column (A), line 25)	2	
<b>3</b> E	xcess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
[	Donated services and use of facilities	5	
ı	nvestment expenses	6	
	Prior period adjustments	7	
(	Other (Describe in Part XIV.)	8	–
	otal adjustments (net). Add lines 4 through 8	9	
	xcess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
rt X			urn
	otal revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Y " 5	1
	Net unrealized gains on investments		
	Donated services and use of facilities	$\perp \!\!\! \perp \!\!\! \perp \!\!\! \perp$	
	Recoveries of prior year grants	_	
	Other (Describe in Part XIV.)		
	Add lines 2a through 2d	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	, , , , , , , , , , , , , , , , , , ,	
	nvestment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)	-1,	-
	Add lines 4a and 4b	4c	ļ
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Reconciliation of Expenses per Audited Financial Statements With Expenses	5	
	Total expenses and losses per audited financial statements	per n	etuiti
	Amounts included on line 1 but not on Form 990, Part IX, line 25.	3	<u> </u>
	Donated services and use of facilities	26 °45 14 1625	
	Prior year adjustments		6', 1 6', 1
	Other losses		***
-	Other (Describe in Part XIV)		20
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3.3	2
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	Te
	Other (Describe in Part XIV.)		
			{
		_	
5 art > omple art V,	Add lines 4a and 4b	; Part I	V, lines 1b and

Schedule D (For	Page <b>5</b>								
Part XIV	Supplemental Information (continued)								
•									
	······································								
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		•••••							
		••							
••••									
·									
		••••••							

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Employer identification number

93-0404799

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Fraternal Order of Eagles Aerie 2817

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.

Section 6 11A - Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?
The members are able to review any financial information by requesting from the Secretary or Treasurer. Form 990 is provided to the
governing body for review and comment during a regular scheduled meeting.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
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	<del>-</del>
	**
	***************************************
	***************************************
	***************************************
	***************************************

	(2011)	

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d orga	anız			ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week	box, amous person is both an I						(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Mike Smith - Worthy President										
80 NE 72nd Street, Newport, Oregon 97365	5.0			<b>✓</b>				0	0	0
(2) Ron West - JR Worthy Past President				١,					_	_
P.O. Box 531, Siletz, Oregon 97380 (3) Herb Faber - Worthy Vice President	3.0	<del> </del>	_	<b>-</b>		<del></del>	├	0	0	0
44 SW Brooks Street, Newport, Oregon 97365	5							0	0	
(4) Pat Ruddiman - Secretary	<del>  -                                   </del>			·					0	0
209 NE 10th Court, Newport, Oregon 97365	6.0			/				0	0	0
(5) Josh Billy - Chaplain	- 0.0		_	Ť				<del>                                     </del>		<u> </u>
P.O. Box 531, Siletz, Oregon 97380	10			/				۰ ا	0	0
(6) Bob Field - Treasurer					<del> </del>					
P O Box 533, South Beach, Oregon 97366	1.5			1				۰ ا	0	0
(7) Arlen Phillips							_			
923 SE Bay Blvd, Newport Oregon 97365	2.0	1		ŀ				O	0	0
(8) Jim Sweeden										
P O. Box 931, Newport, Oregon 97365	20	✓					İ	0	o	0
(9) Ron West										
P O. Box 531, Siletz, Oregon 97380	3.0	✓						0	о	0
(10)	-									
(11)			_					-		
(12)	-									
(13)	-				-					
(14)										

Part	Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	(0	>)	lighes	st C	ompensated E	mployees (cor	tinued,	)		
	(A) Name and title	(B) Average hours per	box,	unles	s pe	more rson	than one than one that the state of the stat	an	(D)  Reportable compensation	(E)  Reportable compensation fro	on from amount of			
		week (describe hours for related organizations in Schedule O)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from	related organizations (W-2/1099-MISC		other compensation from the organization and related organizations		1
(15)														
(16)									,					
(17)					<u> </u>						+			
(18)														
(19)											-			-
(20)		-							-					
(21)			ļ		_									
(22)				-		- <u>-</u> -		_			-			
(23)			<u> </u>	-							-			
(24)					<u> </u>	-	-	-						
(25)		_						-					<del></del>	
1b c d	Sub-total	VII, Section						<b>&gt; &gt; &gt;</b>						
2	Total number of individuals (including bureportable compensation from the organ		d to t	hos	e lis	ted	abov	e) v	vho received m	ore than \$100	,000 o	f 		
3	Did the organization list any former o employee on line 1a? If "Yes," complete								ployee, or hig	hest compens	ated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	nan \$	150	,00	0? .	If "Υε 	es,"	complete Sc	hedule J for . 	such	4		
5	Did any person listed on line 1a receive for services rendered to the organization										idual	5		7
	on B. Independent Contractors										<u> </u>		,	
1	Complete this table for your five highest compensation from the organization. Re year.													ax
	(A) Name and business address				(B) Description of services			(C) Compensation						
							-							
2	Total number of independent contract							:o t	hose listed at	pove) who			•	
-	received more than \$100,000 of comper	isation fron	i the	orga	ınıza	allOl						For	m <b>99</b> (	0 (201

Part	AIII	Statement of Revenue					
		,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns . 1	a				
Contributions, Gifts, Grants and Other Similar Amounts	b	· · · ·	b 5,823.00				,
اغ ي	С	· · · · · · · · · · · · · · · · · · ·	c 9,047.06		·		· ·
ar	d		d		]		,
S, E	е	-	le				,
Sign	f	All other contributions, gifts, grants,		w 15			
is e			1f 6,963.27		,		
<u>₹</u> δ	g	Noncash contributions included in lines 1a-1f		. ,	ı		, ,
a c	h	Total. Add lines 1a–1f .		21,833.33		,	
			Business Code				
ent	2a						
ě	b					·	
8	C						
Ξ	d					<del></del>	
S L	e						
ga	f	All other program service revenue					
Program Service Revenue	g	<b>Total.</b> Add lines 2a–2f			, , ,	,	
_	3	Investment income (including di					T
	4	Income from investment of tax-exemp		210 99	210.99		
	5		· .	2.000	2.10.55		
	3	Hoyaities	(ii) Personal			<del></del>	1,200
	6a	Gross rents		*		», t	
	b	Less: rental expenses				3 (	
	C	Rental income or (loss)	<del></del>	*	, ,		• • •
	d	Net rental income or (loss)			* 4 4 16h 8a.	to t	
	7a	Gross amount from sales of (i) Securities			,		· · · · · · · · · · · · · · · · · · ·
	, ,	assets other than inventory	(4, 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		, ,	•	. "
	ь	Less cost or other basis			, ,		, ' ; ' ' ' ' '
	"	and sales expenses		l , ,	, ,,	*	* **,
	c	Gain or (loss)	<del> </del> -	,	` '		, ,
	1 .	Net gain or (loss)	. •		'a	∕'فسنك يات ي	'` ` `
	d	iver gain or (loss)				<del> </del>	
ē	8a	Gross income from fundraising		,			' -
enne	Oa.	events (not including \$					*, *
_		of contributions reported on line 1c)		, ,			41
Ē	į	See Part IV, line 18	a	,	,	, ",	· [
Other Rev	_	Less: direct expenses .	b	· ,		,	
Ò	b	Net income or (loss) from fundrais	~ L			*	
		Gross income from gaming activities			^		,, 5, , , , , , ,
	30	See Part IV, line 19	a 142,758 01	, ;			, , ,
	L	Less direct expenses	b 111,310 63	1 .			1 .
	b	Net income or (loss) from gaming		31,447.38	31,447.38		
	10a			31,447.30	3.,447.30		<del>  ,   ,   ,   ,   ,   ,   ,   ,   ,     ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,     ,     ,       ,                                                                                                                                   </del>
	.00	returns and allowances	a 52,513 94	ŧ	s .		
		Less: cost of goods sold	b 34,330.10	-1		,	, ,
	1			18,183.84	18,183.84		
	<u>c</u>	Miscellaneous Revenue	Business Code	10, 103.04	10,103.04		
	44.	INIGOCIIII IOOUS FIEVEITOE	203,7033 0006			1	
	11a				<del>                                     </del>		1
	b				<del> </del>		
	C	All other revenue		<del> </del>	<del> </del>		+
	d	All other revenue .			<del>                                     </del>		
	1 e	Total. Add lines 11a-11d		74 675 5	74.675.54		
	12	Total revenue. See instructions		71,675.54	71,675 54	i	i .

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respons			<u> </u>	<u> U</u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in			3 (	
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16			1	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			* ^>}	24 24
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	51,164 62		51,164.62	
9	Other employee benefits	7,685.39		7,685 39	<del></del>
10 11	Payroll taxes	7,003.35		7,003 33	
а	Management				
b	Legal				
C	Accounting	201.48		201.48	
d	Lobbying		45,000	7 A 74	
e f	Professional fundraising services See Part IV, line 17 Investment management fees			<u> </u>	
g	Other				
12	Advertising and promotion				
13	Office expenses	2,489.23		2,489 23	
14	Information technology				
15	Royalties				
16	Occupancy	16,819.42		16,819.42	
17 18	Travel				
19	Conferences, conventions, and meetings	521.94		521.94	
20	Interest				
21	Payments to affiliates		- <del></del>		
22	Depreciation, depletion, and amortization .				
23	Insurance			*	0.45880.25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	, , , , , , , , , , , , , , , , , , ,	• •	, , ,	, , ,
a	Fund Raising Expenses	2,894.66		1 010 00	2,894.66
b	Dues to Aerie - Per Capita Tax	1,919.00		1,919.00	
c d		<del></del>	-		
u e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	83,695 74		80,801.08	2,894.66
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)				

Part X	Balance Sheet			
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash—non-interest-bearing		1	
2	Savings and temporary cash investments	82,403 10	2	61,566.27
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	*b		
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	4, 5, 7, 8	6	
7	Notes and loans receivable, net		7	
ĉ   8	Inventories for sale or use	5,000.00	8	5,000.00
9	Prepaid expenses and deferred charges .		9	
10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 1,000,000 00	× ', , ¿*, ^'		
ь		1,000,000.00	10c	1,000,000.00
11	Investments—publicly traded securities	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,087,403.10	16	1,066,566.27
17	Accounts payable and accrued expenses	1,007,403.10	17	1,000,300.27
18	Grants payable		18	
19	Deferred revenue		19	
20	}			
	Tax-exempt bond liabilities		20	
21 22	Escrow or custodial account liability. Complete Part IV of Schedule D.  Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		21	
ວັ   <sub>23</sub>	Secured mortgages and notes payable to unrelated third parties .	23,464.52	23	14,647 88
24	Unsecured notes and loans payable to unrelated third parties .		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	23,464.52	26	14,647.88
1	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	20,704.02	20 t.	
27	Unrestricted net assets	***************************************	27	
28	Temporarily restricted net assets	· · · · · · · · · · · · · · · · · · ·	28	· · · · · · · · · · · · · · · · · · ·
29	Permanently restricted net assets	<u> </u>	29	
E   29	Organizations that do not follow SFAS 117, check here ▶ □ and	· · · · · · · · · · · · · · · · · · ·	37 m	25°° - 1 50°° 2 ′ 5
27 28 29 30 31 32 33 33 33	complete lines 30 through 34.		18 - 3° • • • • • • • • • • • • • • • • • • •	
ន្ទ   30	Capital stock or trust principal, or current funds		30	
ຶກ   31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
S 33	Total net assets or fund balances	1,063,938 58	33	1,051,918 69
	Total liabilities and net assets/fund balances	1,087,403.10	34	1,066,566.27

_	4	1
Page	- 1	١.

Part						_
	Check if Schedule O contains a response to any question in this Part XI	· · · ·	<u>.</u>	· ·	<u>.</u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			71.6	75.54
2	Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,063,938 58		
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6		1,0	051,9°	18.69
Part	XII Financial Statements and Reporting		-			
	Check if Schedule O contains a response to any question in this Part XII			<u> </u>	<u></u>	
			r.,		Yes	No
1						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.		-	2a	ļ	
2a						<u> </u>
b	The state of the s					<b>√</b>
С					]	,
	of the audit, review, or compilation of its financial statements and selection of an independent accou		-	2c		<b>-</b>
	If the organization changed either its oversight process or selection process during the tax year, ex- Schedule O.	piain ii				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar wer	е		İ	
_	issued on a separate basis, consolidated basis, or both:			- 1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			- 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n	1	ſ	
	the Single Audit Act and OMB Circular A-133?		.	За	1	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the	e		- 1	<u> </u>
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	udits	}	3b	- {	✓
				Form	990	(2011)