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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Refrenue Service

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

Open to Public Inspection

A	For the 2	015 calendar year, or tax year beginning June 1 , 2015, and endi	ng Ma	y 31	, 20 16								
В	Check if a	oplicable: C Name of organization Fraternal Order of Eagles		D Employ	er identification number								
	Address cl	hange Doing business as Longview Aerie #2116			91-0518515								
	Name chai	nge Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite	E Telepho	ne number								
Ø	Initial retur	n 1526 12th Ave			360-425-1444								
	Final return/	terminated City or town, state or province, country, and ZIP or foreign postal code			····								
	Amended	return Longview, Wa 98632		G Gross re	eceipts \$								
	Application	pending F Name and address of principal officer:	H(a) Isthusa o	roup return for	subordinates? Yes No								
			_		s included? Yes Vo								
1	Tax-exemp	ot status:			a list. (see instructions)								
J	Website:		H(c) Group	exemption	number ▶								
K	Form of org	ganization: Corporation Trust Association Other ► L Year of formal			of legal domicile:								
Р	art I	Summary	··	_ 									
		Briefly describe the organization's mission or most significant activities:											
æ	I	eople Helping People											
Governance					***************************************								
E	2 7	Check this box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.								
Š		lumber of voting members of the governing body (Part VI, line 1a)		3	238								
ತ		lumber of independent voting members of the governing body (Part VI, line 1b		4									
99		otal number of individuals employed in calendar year 2015 (Part V, line 2a)		5									
Activities &	1	otal number of volunteers (estimate if necessary)		6	27								
Act		otal unrelated business revenue from Part VIII, column (C), line 12		7a									
	1	let unrelated business taxable income from Form 990-T, line 34		7b									
			Prior Ye		Current Year								
_	8 0	Contributions and grants (Part VIII, line 1h)			9613								
Ž		Program service revenue (Part VIII, line 2g)											
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)											
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			67886								
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			77499								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0								
	14 E	Benefits paid to or for members (Part IX, column (A), Ine 4)			0								
80	45 0	Salaries, other compensation, employee benefits (Part IX column (A), lines 5-10)			0								
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	-		0								
9	b T	otal fundraising expenses (Part IX, column)(D); life 25)											
Ð	17 \	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 💯 🖟			0								
	18 T	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			0								
	19 F	Revenue less expenses. Subtract line 18 from line 12.											
58		· · · · · · · · · · · · · · · · · · ·	Beginning of Cu	ment Year	End of Year								
Net Assets or Fund Balances	20 T	Total assets (Part X, line 16)		837900	837900								
Age	21 T	otal liabilities (Part X, line 26)		35613	30273								
\$ [22 N	Net assets or fund balances. Subtract line 21 from line 20		802287	807177								
P	art II	Signature Block											
Un	nder penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to t	he best of r	my knowledge and belief, it is								
tru	ie, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prepar	er has any know	ledge.									
		lobit Chrodley		10-1	5-16								
Sig	gn	Signature of officer	Da	ite									
He	ere	ROBERT BRADLIEY SECRETARY Type or print name and title	•										
		Type or print name and title											
Pa	nid	Print/Type preparer's name Preparer's signature	Date	Check	PTIN								
	eparer			self-em									
	eparer se Only		Firm	n's BN ▶	<u> </u>								
J	oe Omy	Firm's address ▶		one no.									
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)	· · · · ·		🗸 Yes 🗌 No								
For	Paperwo	ork Reduction Act Notice, see the separate instructions. Cat.	No. 11282Y		Form 990 (2015)								

Part I	
1	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Hold dinners with proceeds going to charities at the local and state level
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4-	(O-d \(\frac{1}{2}\) = \(\frac{1}\) = \(\frac{1}{2}\) = \(\frac{1}2\) = \(\frac{1}2\) = \(\frac{1}2\) = \(\frac{1}2\) = \(\frac{1}2\) =
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$ 480.00)
	held a dinner to make monies for charity
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Oddo:
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," còmplete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	ls the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	-		, - ^ ,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		√
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f 12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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, 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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	1	

Part	V Checklist of Required Schedules (continued)			age
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		\
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20 b		\
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		7
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		√
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	2.00		<u> </u>
_	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		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			<u> </u>
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
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		1
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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			Ť
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			Ť
	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		✓
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? <i>If "Yes," complete Schedule R, Part I</i>	33	·	✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, 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.	35b		1
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		√
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Ϊ́
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Form **990** (2015)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	_		
	Official in Schedule O contains a response of note to any line in this Part V	· ·	Yes	· L No
1a	Ehter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	/	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			j
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓_	
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		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	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			١.
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
_	gifts were not tax deductible?	6b		1
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 and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	┨		١.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	 ✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		√
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	"		V
_	sponsoring organization have excess business holdings at any time during the year?	8	-	1
9	Sponsoring organizations maintaining donor advised funds.			\ <u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			1
a	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4	ł	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10	 	+
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	├	1
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	1
 	If "Voe " hose it filed a Form 720 to report those payments? If "No." provide an explanation in Schodula O	445	†	†

Part	tVI Governance, Management, and Disclosure For response to line 8a, 8b, or 10b below, describe the Check if Schedule O contains a response or not	circumstances, processes, or change	s in Schedule O. S		for a	
Secti	tion A. Governing Body and Management					
1a	Enter the number of voting members of the governing be If there are material differences in voting rights among a If the governing body delegated broad authority to a	members of the governing body, or	1a 238		Yes	No
ь	committee, explain in Schedule O.		1b 0			
2	Did any officer, director, trustee, or key employee have any other officer, director, trustee, or key employee?	a family relationship or a business i		2		1
3	Did the organization delegate control over management supervision of officers, directors, or trustees, or key employ	rees to a management company or other	er person? .	3		1
4 5	Did the organization make any significant changes to its gove Did the organization become aware during the year of a	- ·		5		1
6	Did the organization have members or stockholders?	· · · · · · · · · · · · · · · · · · ·		6	1	
7a	one or more members of the governing body?			7a	√	
b	stockholders, or persons other than the governing body	?		7b	1	
8 a	Did the organization contemporaneously document the the year by the following: The governing body?	meetings held or written actions un	dertaken during	00		
b		verning body?		8a 8b	1	
9	Is there any officer, director, trustee, or key employee list the organization's mailing address? If "Yes," provide the	sted in Part VII, Section A, who cannot	ot be reached at	9		1
Sect	tion B. Policies (This Section B requests information	about policies not required by th	e Internal Reven	ue C		_
40-	Did the constant to be a last to be a	ere i o			Yes	No
10a b	3	procedures governing the activities of	•	10a 10b		1
11a	Has the organization provided a complete copy of this Form 990	to all members of its governing body before	re filing the form?	11a	√	
b		•				
12a b	Were officers, directors, or trustees, and key employees required	to disclose annually interests that could give		12a 12b		✓
13	Did the organization regularly and consistently monitor describe in Schedule O how this was done			12c		
14	Did the organization have a written document retention a			13	1	├─-
15	Did the process for determining compensation of the independent persons, comparability data, and contemporar	following persons include a review a	and approval by			
а	The organization's CEO, Executive Director, or top mana	agement official		15a		✓_
b	, , ,			15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Sche Did the organization invest in, contribute assets to, or with a taxable entity during the year?	participate in a joint venture or simi		160		
b	If "Yes," did the organization follow a written policy or participation in joint venture arrangements under applic	procedure requiring the organization	n to evaluate its	16a		1
	organization's exempt status with respect to such arrange	gements?		16b		/
Secti	tion C. Disclosure					
17 18	List the states with which a copy of this Form 990 is req Section 6104 requires an organization to make its Form available for public inspection. Indicate how you made the	s 1023 (or 1024 if applicable), 990, a	nd 990-T (Section	501 ₍	(c)(3)s	only
19	<u></u>	n request Other (explain in Scanization made its governing docume		erest	policy	y, and
20	State the name, address, and telephone number of the	•	on's books and re	cords	:▶	
	Pohort Bradley Aprie Secretary					

_			
-nm	ggn	(2015)	

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	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
	<u> </u>				C)	•				·
(A)	(B)	١			ition			(D)	(E)	(F)
Name and Title	Average		(do not check m box, unless pers					Reportable	Reportable	Estimated
	hours per					or/trust	ee)		compensation from	amount of
	week (list any hours for	우급	sul	ş	Κe	B.E.	Ę.	from the	related organizations	other compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	호후	ona	ŀ	p o	8 0		(W-2/1099-MISC)		organization and related
	line)	Z S	ã		8	npe			ŀ	organizations
		8	stee			nsat		İ		
	ļ	<u> </u>	_	<u> </u>	-	8	<u> </u>	<u> </u>		
(1) Don Wilkerson	2			ĺ						
Jr. Past President, board of trustees				✓						
(2) Mark Parcel	2									
President		ļ		1	<u> </u>		_			
(3) Mark Smith	2									
Vice-President			L	✓						<u> </u>
(4) Ora (Bill) Grimes	2			١.						
Chaplain	<u> </u>	<u> </u>	L	✓	<u> </u>		L.			
(5) Jim Brooks	2		1	١.	ļ					
Chaplain	 	<u> </u>	<u> </u>	✓	ऻ_	<u> </u>	_			
(6) Robert Bradley	10				İ		İ			
Secretary, board of trustees	 	ļ	┡	1	!		<u> </u>			
(7) Alice Minion	3					l				
Treasurer	ļ		<u> </u>	✓	<u> </u>	<u> </u>	\vdash		ļ	
(8) Rusel Manning	2			١,						
Inside/Outside Guard	<u> </u>		┞	<u> </u>	┝	├	 - -	· · · · · · · · · · · · · · · · · · ·		
(9) Lonnie Knowles	2			١,	l					
Trustee		-	 	✓			\vdash			
(10) Jeniffer Talent	2			1			1			
Trustee (14) April 5	 	_	 	\ <u> </u>	┢	\vdash	┝			
(11) Ann Furman	2			/	i					
Trustee (12)	 	-	╁╾	╀	\vdash	 	╁─	 	 	
114										
(13)				\vdash	\vdash		\vdash			
<u> </u>	†		1							
(14)	†		 		 		t			
	1	1]	1		}	}	l		

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individual	ot ch inles	s pe	more rson	ha both bork employee	an ee) Forme	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensatior related organizatio (W-2/1099-N	n from ons	Est ame comp fro orga and	(F) imated ount of other ensatio m the nizatio related	f on on d
(15)												 -		
(16)										· · · · · · · · · · · · · · · · · · ·				-
(17)				-										•
(18)											_			
										······································				
(19)												_		
(20)														
(21)													_	
(22)					–							<u> </u>		
(23)								_						
(24)													-	
(25)														
1b c d	Sub-total	VII, Sectio	n A		•			> > >						
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	ficer, direc									nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	50,	000	i? h	f "Ye	s, "	complete Sch			4		1
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	ompe	nsat	tion	froi	m any	un	related organiz			5		/
Section	on B. Independent Contractors	-											<u> </u>	
1	Complete this table for your five highest compensation from the organization. Repyear.													tax
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) compens		
												<u>-</u>	-	
								-						
	· · · · · · · · · · · · · · · · · · ·							Г —	 				-	

Contributions, Gifts, Grants and Other Similar Amounts	•	Check if Schedule O contains a res	sponse or note to	any line in this	Part VIII	<u> </u>	
ants	•		,			(C)	(5)
ants				Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
ā ≒ I	1a	Federated campaigns 1a					1
漢리	b	Membership dues 1b	9133			j	
A E	C	Fundraising events 1c	480				
돌声	d	Related organizations 1d	0			l	1
<u>اع کو</u>	e	Government grants (contributions) 1e	0			}	
후	f	All other contributions, gifts, grants,					
혈		and similar amounts not included above 1f	0				
탈일	_	Noncash contributions included in lines 1a-1f: \$	0				
$\overline{}$	h	Total. Add lines 1a-1f	🕨	9613			
Program Service Revenue			Business Code		· ·		
	2a						
œ.	b						· · · · · · · · · · · · · · · · · · ·
울	C						
ŝ	d						
<u>ت</u> و	e	All all			- 		
<u>6</u>		All other program service revenue.					
	<u>g</u> 3	Total. Add lines 2a–2f		0		T	
'	•						
1.	4	Income from investment of tax-exempt t		0			
1	5	Royalties		0	•	-	······································
	•	(i) Real	(II) Personal	-			
	6a	Gross rents 1200.00	1				
	b	Less: rental expenses 174.0	 				
	C	Rental income or (loss)					
	d	Net rental income or (loss)	· >	1026			
	7a	Gross amount from sales of (i) Securities	(II) Other		······································		
		assets other than inventory					
	b	Less: cost or other basis				:	
		and sales expenses .					
	C	Gain or (loss)					
	d	Net gain or (loss)	<u></u> . ▶				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				: :	
<u>"</u>		See Part IV, line 18					ļ
를	b		<u></u>				
°		Net income or (loss) from fundraising	·	480			
		Gross income from gaming activities.	,				
		See Part IV, line 19	122524				t .
	b	Less: direct expenses				j	Ì .
	С	Net income or (loss) from gaming ac	tivities 🕨	18896		İ	
11	10a	Gross sales of inventory, less					
		returns and allowances ;	81385				,
	b	Less: cost of goods sold	36476				_
	С	Net income or (loss) from sales of in	ventory ▶	44909			
<u> </u>		Miscellaneous Revenue	Business Code		_		<u>.</u>
1	11a	Hall Rental	2575.00				
	b		ļ			 	
}	C	All other research				 	
	đ	All other revenue				 	
4	е 12	Total revenue. See instructions		2575		 	
		Total revenues occ instructions		77499		L	Form 990 (2015)

Form 99	0 (2015)				Page 10
Part	X Statement of Functional Expenses				
	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	ns must complete co	lumn (A).
	Check if Schedule O contains a respon-				
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(c)	<u> </u>
	, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				:
2	Grants and other assistance to domestic		·		
4	individuals. See Part IV, line 22				
					
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	-			
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying			****	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other, (If line 11g amount exceeds 10% of line 25, column		<u> </u>		·
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
	<u> </u>				
13	Office expenses	2800			
14					
15	Royalties				
16	Occupancy	20798			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		·		
20	Interest				
21	Payments to affiliates		· · · · · · · · · · · · · · · · · · ·		
22	Depreciation, depletion, and amortization .				
23	Insurance	6030			
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.)				
а					·
b					
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	29628	· · ·		
26	Joint costs. Complete this line only if the	20020	······································		
	organization reported in column (B) joint costs]		1	
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
		l		<u> </u>	l

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Form 990 (2015) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 1 2 Savings and temporary cash investments 2 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other 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 6 7 Inventories for sale or use 8 Prepaid expenses and deferred charges . 64780 9 67400 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 685700 10c 685700 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 . . . 12 12 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets 152200 152200 Other assets. See Part IV, line 11 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 35613 30273 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 **Total liabilities.** Add lines 17 through 25 35613 30273 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Temporarily restricted net assets 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

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Page 12

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			77499
2	Total expenses (must equal Part IX, column (A), line 25)	2			29628
3	Revenue less expenses. Subtract line 2 from line 1	3	7,07		47871
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8	64486
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		9	12357
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		Î		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			'
_	Schedule O.		2a		۱
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com- reviewed on a separate basis, consolidated basis, or both:	pilea or			!
	·				
	Separate basis Consolidated basis Both consolidated and separate basis		2b		ا ر -
D	Were the organization's financial statements audited by an independent accountant?				✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				!
					:
	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	omiabt	-		- '
G	of the audit, review, or compilation of its financial statements and selection of an independent accountant				
	If the organization changed either its oversight process or selection process during the tax year, ex		2c		
	Schedule O.	раш т			,
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in]		ذ ـ ـ
Ja	the Single Audit Act and OMB Circular A-133?	101111111	За		1
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	rao the	Sa	<u> </u>	_
U	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь		
	Toquired dustries and any or control of the describe any steps larent to undergo such a			, 00n	(2015)
			ron	… サゴリ	(2013)