# Form **990**

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

OMB No. 1545-0047

2016

Open to Public

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

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2016 calendar year, or tax year beginning JUNE 1 2016, and ending **MAY 31** 20 17 C Name of organization FRATERNAL ORDER OF EAGLES AERIE #4030 D Employer identification number Check if applicable: Address change Doing business as 01-0392413 Number and street (or P O, box if mail is not delivered to street address) Room/suite E Telephone number Name change (207) 283-1440 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated **KENNEBUNKPORT, ME 04046** G Gross receipts \$ 457266 Amended return H(a) is this a group return for subordinates? Yes No Application pending F Name and address of principal officer: H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions) 501(c)(3) ) ◀ (insert no ) 🔲 4947(a)(1) or Tax-exempt status H(c) Group exemption number ▶ Website: ▶ Form of organization: Corporation Trust Association Other ▶ L Year of formation M State of legal domicile: MF Part I Summary Briefly describe the organization's mission or most significant activities: TO SUPPORT VARIOUS CHARITABLE **ORGANIZATIONS THROUGH DONATIONS** Activities & Governance NGA @ 8 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 256 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 0 6 55 6 Total number of volunteers (estimate if necessary) . . . . . Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year Prior Year** Contributions and grants (Part VIII, line 1h) . 6835 6400 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 10 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 30c, and 11e) 11 103258 98822 Total revenue - add lines 8 through 11 (must equal Part VIII) column (A) line 12) 105232 12 110093 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9639 8720 13 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 64416 54832 18 74055 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 63552 36038 41680 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 258980 20 Total assets (Part X, line 16) 233193 21 Total liabilities (Part X, line 26) . 78335 35704 22 Net assets or fund balances. Subtract line 21 from line 20 180645 197489 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign 16-17-2017 Here Print/Type preparer's name Preparer's signature Date **Paid** Check 🗹 if 10/11/17 DEWISE MARBY PO1298006 self-employed Preparer **DENISE MARBY** Firm's EIN ▶ **Use Only** Firm's address ► PO BOX 824 WELLS, ME 04090 (207)793-2600 Phone no

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✓ Yes 🗌 No

Form **990** (2016)

May the IRS discuss this return with the preparer shown above? (see instructions)

Part			lil trad	
1	Briefly describe the organization's miss	response or note to any line in this F sion:		
		ITABLE ORGANIZATIONS		
2	Did the organization undertake any sig prior Form 990 or 990-EZ?	nificant program services during the year	ear which were not listed on the	
•	If "Yes," describe these new services of	on Schedule O.		
3				☐Yes ☐No
4		ervice accomplishments for each of its (c)(4) organizations are required to repo		
4a	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
	•••••			
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$	including grants of \$	) (Hevenue \$	)
4d	Other program services (Describe in Services)	chedule O.)		<del></del>
40	· · · · · · · · · · · · · · · · · · ·	grants of \$ ) (Revenue	\$ )	
70	I OLGI DI ULI GILI GELVICE DADELIGEG 🚩			

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," complete Schedule A	1		,
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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		,
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		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		原效	er en Europe
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	v	
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		,
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		,
	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		v
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		~
14 a		14a		~
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		,
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		,
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		,
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		~
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		,
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	~	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  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	20b		<i>y</i>
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	21		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		v
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		,
	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		V
	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 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		~
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		v
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 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		,
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v
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		~
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	29		V
	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, Part I	31		v
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? If "Yes," complete Schedule R, Part 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		v
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		~
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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	30		<u> </u>
	Part VI	37		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	v	
		Forr	n <b>99</b> 0	(2016)

Part	Statements Regarding Other IRS Filings and Tax Compliance			- ago c
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
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	~	<u> </u>
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 0	<u> </u>	<b></b>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	ļ	L
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b> </b>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	1
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		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		ļ	ļ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١.
_	account)?	4a	<u> </u>	-
b	If "Yes," enter the name of the foreign country: ▶		İ	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		1	
_	(FBAR).	<u></u>	ļ	<del> </del>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
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	ļ	~
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	0-		1
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		-
U		6b	i	
7	gifts were not tax deductible?	00		<del> </del>
a	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	<del> </del>	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	$\vdash$	<del>  -</del>
c	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		<del>                                     </del>	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<b></b>	V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	ļ	l	
11	Section 501(c)(12) organizations. Enter:	1	1	]
a	Gross income from members or shareholders		<b>!</b>	
b	Gross income from other sources (Do not net amounts due or paid to other sources			j
	against amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<b> </b>	<b> </b>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40	<b> </b>	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	<del> </del>
L	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which			
D				
_			1	1
C 140	Enter the amount of reserves on hand	44-		-
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a 14b	<del> </del>	~
b_	in res, has it nied a form rest to report these payments: in No, provide an explanation in schedule O.	_ 14D		<u> </u>

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ions.
Saction	on A. Governing Body and Management	• •	<u>···</u>	
Secut	A. Governing body and management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year   1a 256			<del>- 10</del>
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .    1b 256  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		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		-
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		~
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	>	<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, stockholders, or persons other than the governing body?	7b	~	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	>	
b	Each committee with authority to act on behalf of the governing body?	8b	>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		,
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	~	<b> </b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		
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 15	Did the organization have a written document retention and destruction policy?	14		
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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	L	<u> </u>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	/, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: <b>▶</b>	

 - 4

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	ited any curren	t officer, directo	r, or trustee.
					C)					
(A) Name and Title	(B) Average hours per week (list any	box,	unles	neck is pe	rson	than on the than the than the than the the than the	an tee)		(E) Reportable compensation from	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1);LAURIE PERKINS PRESIDENT										
(2) KATIE WORMWOOD VICE-PRESIDENT										
(3) GARY BATTEN				$\vdash$			-			
TRUSTEE	<b></b>									
(4) DAVID MITCHELL						l		· · · · · · · · · · · · · · · · · · ·		
TRUSTEE									į	
(5) FREDERICK CLOUGH										
TRUSTEE	<u> </u>			L		ļ		<u> </u>	<b></b>	
(6) HERMAN PERKINS TRUSTEE								ĺ	1	1
(7) TODD TOUSSAINT TRUSTEE										
(8) LANDON BULLONS TREASURER										
(9) ASHLEY HICKS SECRETARY										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	ıd H	lighes	st C	ompensated E	mployees (	continu	ed)				
	(A) Name and trtle	(B) Average hours per week (list any	officer and a director/truste				Position (do not check more than obox, unless person is both officer and a director/trust					an ee)	(D)  Reportable compensation from	(E) Reportab compensation related	n from	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N	ons	compensation from the organization and related organizations				
(15)												······				
(16)												<del></del>				
(17)								_				<del></del>				
(18)																
(19)								_								
(20)																
(21)								_				<del></del>				
(22)									···			<del></del>				
(23)																
(24)												<del></del>				
(25)			 													
1b c	Sub-total  Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio			•	 	•	<u> </u>								
2	Total number of individuals (including but reportable compensation from the organi	t not limited					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							ployee, or high	-		Yes No				
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1 	150,	000	? <i>I</i> :	f "Ye:	s," · ·	complete Sch	edule J fo	r such	4				
5	Did any person listed on line 1a receive of for services rendered to the organization											5				
Section	on B. Independent Contractors															
1	Complete this table for your five highest compensation from the organization. Repyear.															
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compensation				
								L								
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed ab	ove) who						

Form **990** (2016)

Part VIII		Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII									
		Check if Schedule O	contains a res	oonse or note to	O any line in this  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues . Fundraising events . Related organizations Government grants (con All other contributions, gi and similar amounts not inc Noncash contributions include	tributions) 1e  fts, grants, luded above 1f	6400							
	h	Total. Add lines 1a-1	f <u></u> .		6400						
Program Service Revenue	2a b c d e f	All other program sen		Business Code							
Po	g	Total. Add lines 2a-2		▶			<u> </u>	. <del>1 </del>			
-	3 4	Investment income and other similar amount income from investmen	(including divid ounts) t of tax-exempt be	ends, interest, ► ond proceeds ►	10						
	5 6a b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real 13500 - 15360 -1860	(ii) Personal							
	d 7a	Net rental income or gross amount from sales of assets other than inventory	L	(ii) Other	-1860						
	b	Less: cost or other basis and sales expenses . Gain or (loss)									
	d	Net gain or (loss) .		•							
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reports See Part IV, line 18	1627 ed on line 1c).								
€		Less: direct expenses		L							
Ū	9a	Net income or (loss) f Gross income from ga See Part IV, line 19	aming activities.		1177						
		Less: direct expenses									
		Net income or (loss) in Gross sales of in returns and allowance	ventory, less		16061						
		Less: cost of goods s Net income or (loss) 1 Miscellaneous F	from sales of inv		83444						
	11a	IVII-D-CIIDII ICOUS F		244,1000 0046			<del> </del>	<del> </del>			
	b	All other revenue .									
	d e	Total. Add lines 11a-	-11d		105222						

Part IX	Statement	of Funct	tional F	ynenses
1 (1)	Otatonioni			APOIIOOO

	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns.	All other organization	ns must complete col	umn (A).			
Check if Schedule O contains a response or note to any line in this Part IX								
	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	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5700						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3020						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members 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 8	Other salaries and wages  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):							
a	Management	245	<del> </del>	<del> </del>	<del></del>			
b	Legal	1200						
c d	Lobbying	1200	<del> </del>	<del> </del>				
e	Professional fundraising services. See Part IV, line 17							
f	Investment management fees				<del></del>			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)							
12	Advertising and promotion							
13	Office expenses	548						
14	Information technology			ļ				
15	Royalties							
16	Occupancy				<del></del>			
17 18	Travel				<del></del>			
19	Conferences, conventions, and meetings .	1679						
20	Interest	626						
21	Payments to affiliates	4924			·			
22	Depreciation, depletion, and amortization .	3731			<del> </del>			
23	Insurance	3821	ļ					
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	LICENSES	195	<del></del>	<b>}</b>				
b	UTILITIES	14803	ļ	ļ	<del></del>			
C	TAXES	15480						
d	MAINTENANCE & REPAIRS	7580	<del> </del>	<del> </del>				
	All other expenses  Total functional expenses. Add lines 1 through 24e	63552	<del> </del>	<del> </del>	<del></del>			
25 26	Joint costs. Complete this line only if the	03332	<del> </del>	<del> </del>	<del></del>			
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)							

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 organizations (see instructions). Complete Part II of Schedule L . . . . . . . . . Inventories for sale or use . . . . . . . . . Prepaid expenses and deferred charges . Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation . . . . 10b 10c Investments—publicly traded securities Investments-other securities. See Part IV, line 11 . . . . . Investments - program-related. See Part IV, line 11 . . . . . . Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . . Total assets. Add lines 1 through 15 (must equal line 34) . . . . Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . Temporarily restricted net assets . . . 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 . . . . . . . . . Net Assets Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds . Total liabilities and net assets/fund balances . . . . . . . . . . . 

_	4	
Page	-1	4

J 00	(2010)				, ω	gv
Part						
	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		1052	32	
2	Total expenses (must equal Part IX, column (A), line 25)	2		635	52	
3	Revenue less expenses. Subtract line 2 from line 1	3		416	80	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1806	45	
5	Net unrealized gains (losses) on investments	5		-248	36	
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		1974	189	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990:  Cash Cash Counting Countin		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in	į	1	
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:		1			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		_			
b	Were the organization's financial statements audited by an independent accountant?		· L	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a			
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o					
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant	? [	2c	~	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in [			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in [			
	the Single Audit Act and OMB Circular A-133?		L.	3a_		1
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.		3b		L.,
				Forn	990	(2016)
						,

Part	III Organizations Maintaining C	ollections of A	Art, His	torical T	reasures	, or Ot	her Similar As	sets (cor	itinued)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and oth	ner recor	ds, chec	k any of th	e follow	ving that are a s	ignificant	use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e progr	ams		
b	☐ Scholarly research		е	Other					
C	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	n's collections a	nd expla	in how tl	ney further	the org	anization's exer	npt purpo:	se in Part
5	During the year, did the organization so assets to be sold to raise funds rather th								s 🗌 No
Part		_							
	Complete if the organization a	nswered "Yes"	on For	m 990, F	Part IV, line	e 9, or	reported an an	nount on	Form
	990, Part X, line 21.	<del></del>		<del></del>					
1a	Is the organization an agent, trustee, c included on Form 990, Part X?								s 🗌 No
b	If "Yes," explain the arrangement in Part	XIII and comple	te the fo	llowing ta	able:				
							A	mount	
C	Beginning balance					10	<del></del>		
þ	Additions during the year					1d	<del></del>	····	
e	Distributions during the year					1e	<del></del>		
f	Ending balance					11			
2a	Did the organization include an amount						_		
	If "Yes," explain the arrangement in Part	XIII. Check here	if the e	kplanatio	n has been	provide	ed on Part XIII .	· · ·	
Par					54 BZ K-				
	Complete if the organization a						(d) Thurs were book		
	<del> </del>	(a) Current year	(D) Pri	or year	(c) Two year	rs Dack	(d) Three years back	(e) Four	ears back
1a	Beginning of year balance							<del>                                     </del>	
b	Contributions		<del></del>					<u> </u>	
С	Net investment earnings, gains, and losses							<u> </u>	
đ	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses						<del></del>		
g	End of year balance					l		1	
2	Provide the estimated percentage of the			e (line 1g	, column (a	ı)) held a	as:		
а	Board designated or quasi-endowment		%						
b	Permanent endowment ▶	•							
C	Temporarily restricted endowment	<u></u> %							
_	The percentages on lines 2a, 2b, and 2c								
За	Are there endowment funds not in the p	oossession of th	e organı	zation tha	at are held	and ad	ministered for tr	_	
	organization by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organism in Boat XIII the intended uses a		•					3b	
4	Describe in Part XIII the intended uses o		in s ende	willent it	Jiios.			····	
Par	Land, Buildings, and Equipm Complete if the organization a		' on For	<b>~ 000 r</b>	Dart IV lin	0 110 1	Saa Form 000	Dart V II	no 10
	Description of property	(a) Cost or oth			or other basis ther)	de	Accumulated epreciation	(d) Book	value
1a	Land	6270	0	54	000			116	700
b	Buildings	6730	0	76	000		89329	614	33
С	Leasehold improvements								
d	Equipment			20	000		20000		0
е	Other								
Total.	Add lines 1a through 1e. (Column (d) mu	st equal Form 99	90. Part	X. columr	(B), line 10	Oc.)		178	133

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

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Open to Public

	ERNAL ORDER OF EAGLES AERII	F #4030				Cimployer identific	03 <del>9</del> 2413
Par			ne organiza	ation answ	vered "Yes" on I		
	Form 990-EZ filers are				10100 100 0111	om ooo, raitiy,	
1	Indicate whether the organizati				owing activities. C	heck all that apply.	
a	Mail solicitations				on of non-govern		
Ь	☐ Internet and email solicitation	ons	fΓ		on of government	_	
C	☐ Phone solicitations		g E		fundraising events	-	
d	☐ In-person solicitations		3 -	_ 0000.00	and along a vorne		
2a	Did the organization have a writer or key employees listed in Form						
b	If "Yes," list the 10 highest pair compensated at least \$5,000 b	d individuals or	entities (fun		•	=	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(M) Amount paid to (or retained by) organization
		<del> </del>	Yes	No	† <u>-</u>		
1							
2							
3						<u>-</u>	
4				<u> </u>		, <u>e</u> t	
5						<del></del>	
6			<del> </del>				
7		-					
8				<del> </del>			
9				*-		<del></del>	
10						* ************************************	
Tota				<b>•</b>		<del></del>	
3	List all states in which the org registration or licensing.	anization is regi	stered or lic	ensed to s	colicit contribution	s or has been notific	ed it is exempt from
				••••••			
				************			
							***************************************

Pa	rt II	Fundraising Events. Com than \$15,000 of fundraising gross receipts greater tha	g event contributions			
	·	3.000	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
Rev	•	Cross rescripto				
	2 3	Less: Contributions Gross income (line 1 minus		<del></del>		
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesus	6	Rent/facility costs				·····
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra	Id lines 4 through 9 in c	olumn (d)		
Pa	rt III	Gaming. Complete if the	e organization answer	red "Yes" on Form 99	00, Part IV, line 19, or	reported more
		than \$15,000 on Form 9			,	· · · · · · · · · · · · · · · · · · ·
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue		277424	14051	291475
ses	2	Cash prizes		251093	11549	262642
Expenses	3	Noncash prizes				· ···
Direct E	4	Rent/facility costs				
	5	Other direct expenses .		9275		9275
	6	Volunteer labor	☐ Yes% ☐ No	<ul><li>✓ Yes 100 %</li><li>☐ No</li></ul>	<ul><li>✓ Yes 100 %</li><li>☐ No</li></ul>	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		271917
	8	Net gaming income summar	y. Subtract line 7 from li	ine 1, column (d)	. <u></u>	19558
g	. Fr	nter the state(s) in which the or	rganization conducts ga	mino activities: MAINF		
	a Is	the organization licensed to co	onduct gaming activities	s in each of these states	s?	
10		ere any of the organization's g	_	d, suspended, or termin	ated during the tax year	

Schedu	le G (Form 990 or 990-EZ) 2016 Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13 a b 14	Indicate the percentage of gaming activity conducted in:  The organization's facility
	records: Name ► LANDON BULLONS
	Address ► PO BOX 1488 KENNEBUNKPORT, ME 04046
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:
	Name ►
	Address ▶
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	☐ Director/officer ☐ Employee ☐ Independent contractor
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

FRATERNAL ORDER OF EAGLES AERIE #4030

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

Inspection Employer identification number

01-0392413

PART IV - LINE 11A THE MEMBERS ARE GIVEN A FINANCIAL REPORT AT EACH GENERAL MEETING. MEETINGS ARE HELD ON
THE SECOND AND FOURTH THURSDAY OF EVERY MONTH. ALL MEMBERS IN GOOD STANDING ARE ENCOURAGED TO ATTEND AND
DISCUSS ANY AND ALL MATTERS CONCERNING THE ORGANIZATION. ANY INFORMATION REQUESTED IS AVAILABLE AND WILL BE
PROVIDED.
PART IV - LINE 11B ALL OFFICERS ARE GIVEN A COPY OF FORM 990 FOR REVIEW AT THE GENERAL MEETING. IS MADE AVAILABLE
TO MEMBERS UPON REQUEST.
PART VI - LINES 6-7 & 7B DECISIONS ARE VOTED ON BY ALL MEMBERS AT MEETINGS. ELECTIONS FOR GOVENING BODIES ARE
OPEN TO ALL MEMBERS. TO CHANGE A BY-LAW IT MUST BE APPROVED BY THE GRAND AERIE.