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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Inspection

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

A	For the	e 2016 calendar year, or tax year beginning JUNE 01 , 2	016, an	d ending M	AY -31-	-	,2017
В	Checkit	Applicable C Name of organization FRATERNAL ORDER OF EAGLES	بنيدة بيند				on number
П	Address	hange Doing business as		39-	-07834	48 8	
П	Name cha	inge Number and street (or P.O. box if mail is not delivered to street address)	Roo		elephone		
H	Initial reti	m 216 SOUTH ROCK AVE	1			7-2707	
H.	Final retu		de				
u	terminate				Gross eceipts \$		385,066
	Amended		H(a)	Is this a group		bordinates?	Yes X No
H		n pending	1	Are all subords			Yes No
		mpt status:	- ' '			e instructions	
		E N/A	┥	Group exempt			,
			ar of for				domicile WI
	art I	Summary			- 101 -	otate of regar	44 T
	1	Briefly describe the organization's mission or most significant activities	 -				
	1	MMUNITY INVOLVEMENT. "PEOPLE HELPING PEOP	OT E''				
Ş		MICHIEL INVOLVEMENT. FEOT DE MEDITING FEOT	- 44				
Š	፱ ├──						
Activities & Covernance	<u> </u>	Check this box ▶ If the organization discontinued its operations or disposed of	f more	than 259/ of	to not con		
ع	2 2 3	Number of voting members of the governing body (Part VI, line 1a)			1	ສເຣ. 	12
oi	8 4	Number of independent voting members of the governing body (Part VI, line 1a)	5			+	488
		الأمارين والمستراك والمسترك والمستراك والمستراك والمسترك والمستراك والمستراك والمستراك والمستراك والمستراك والمستراك	* 1		-	ļ	22
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5	+	500
} <		Total number of volunteers (estimate if necessary)	٠	• • • • • • • • • • • • • • • • • • • •	6	+	171,321
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	· · · · · ·		· · · 7a	-	
≬ —	_ D	Net unrelated business taxable income from Form 990-T, line 34			7b		-36,480
))				Prior Y			rent Year
9	<u>8</u> 8	Contributions and grants (Part VIII, line 1h)	~		142,18	4	108,210
	9 ا	Program service revenue (Part VIII, line 2g)	/ ·		0.2	1	274
á	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	· 4· · ·		93:	_ i	374
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e)			104,200		162,123
	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12			247,31		270,707
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			25,250	<u> </u>	31,031
	14	Benefits paid to or for members (Part IX, column (A), line 4)			22 45		27 627
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			33,45	/ 	27,627
T Coococococococococococococococococococo	2 16a	Professional fundraising fees (Partilly column (A), line 11e)	• • • • •			20000000	
	≨ b	Total fundraising expenses (Part IX, column (D), line 25)		(5 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 ,	, , , , , , , , , , , , , , , , , , ,		005 450
	''	Other expenses (Part-IX, column, (A), lines 11a-11d, 11f-24e)			222,072		225,453
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			280,779		284,111
	19	Revenue less expenses. Subtract line 18 from line 12	• • • • •	·	-33,464		-13,404
ets T	20 21		Ì	Beginning of (of Year
SS	၌ 20	Total assets (Part X, line 16)			491,84		473,203
Net /	- 혈 21	Total liabilities (Part X, line 26)			13,098		12,474
	- الناف	Net assets or fund balances. Subtract line 21 from line 20			478,749	9	460,729
	art II	Signature Block					
		es of perjury, I declare that I have examined this return, including accompanying schedules and st omplete. Declaration of preparer (other than officer) is based on all information of which prepare			st of my kno	wledge and l	elief, it is true,
		omplete. Decialation of preparer (other than officer) is based on an information of which prepare	- IIas ally	Kilowiedge			
						<u></u>	
Sig	-	Signature of officer				Date	
He	re		RETA	RY			
		Type or print name and title					
_		V // 1 TO 14 10 A	ate		heck 📙 if	PTIN	
Pa			0-04	-2017 se			
	epare	II THIS IT BEGOT		Firm's	EIN ▶ 3	917697	41
Us	e Oni	117 15 51		Phone	e no.		
		VIROQUA WI 54665		608	537738	<u> 88</u> _	<u> </u>
May	the IR	6 discuss this return with the preparer shown above? (see instructions)					Yes X No

Form	n 990 (2016) FRATERNAL ORDER OF EAGLES 39-078348	Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> X</u>
1	Briefly describe the organization's mission:	
	COMMUNITY INVOLVEMENT. "PEOPLE HELPING PEOPLE"	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		
	prior Form 990 or 990–EZ?	⊠ No
-		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	⊠ No
	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.	
4a	(Code) (Expenses \$)
	SEE ATTACHMENT #1	
	The state of the s	
40	(Code) (Expenses \$)
	A Comment of the Comm	
	A second	
	Con Note to the	
4c	(Code)
	frage to the part	
	Valent at the second of the se	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
_4e	Total program service expenses	

Form 990 (2016) FRATERNAL ORDER
Part IV 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
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		X
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		X
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 $\dots N/A$	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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Χ
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	5.	ب ريد	43.
	VII, VIII, IX, or X as applicable.	, ,	1,1	7
а	Did the organization report an amount for land, buildings, and equipment in Rait X, line 10? If "Yes," complete Schedule			
	D, Part VI	11a	Χ	
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		X
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		X
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		X
	Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	4.41.		3.7
4-	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		v
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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	4.		v
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	4-		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.	17	-	X
10	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	^_	-
	If "Yes," complete Schedule G, Part III.	19		Х
	and the second s	حتحا		ــــــــــــــــــــــــــــــــــــــ

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Х
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	Х	l
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		X
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	240		
200	benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year.	23a		<u> </u>
	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	056		\ \tag{\psi}
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	25b		X
	officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete			.,
	Schedule L, Part II	26		X
27	** # 1000			
	contributor or employee thereof, a grant selection committee member of these persons of the persons			.,
00	any of these persons? If "Yes," complete Schedule L, Part III	27 ਤੇਵ ਵੈਕ	`c4 \	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	34. 3	54, #E	, 15 () , 15 ()
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		-	3. C '
	A current or former officer, director, trustee, or key employee? If thes," complete Schedule L, Part IV	28a		X
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			٠
_	Part IV	28b		X
С	An entity of which a current or former officer director, trustee, or key employee (or a family member thereof) was an			١
	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art; historical treasures, or other similar assets, or qualified			
	conservation contributions? If Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			l
	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
32				
	Schedule N, Partill	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections:301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part Viline 1 · · · · · · · · · · · · · · · · · ·	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
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 \cdots	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, Part VI	37		Х
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	Х	1
FDA		Form		2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			П					
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	الرقي الح	":: .×.'á	\$2.					
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	1227 C	3-3	13 1 - 1					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	SC PL	. u.						
_	gaming (gambling) winnings to prize winners?	10	Х						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1. " " Y	المراج والم	1.55					
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 22	-,	36 . s	8.21					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	,,,,					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,3,,,,,,,	150					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х						
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	X						
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		Х					
b	If "Yes," enter the name of the foreign country.	1/2/2	., ", ",						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	A 16. 15	41.7	300					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
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 as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	X.)\$. 2. 1. 2.	(457)	j : 6 j					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1000	1.						
and services provided to the payor?									
b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	الله الله الله الله الله الله الله الله	ملاير ادا ارتوار کورځ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X					
h	If the organization received a contribution of cars, boats, aliplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	, , , , , , , ,		Sing. W					
	sponsoring organization have excessibusiness holdings at any time during the year?	8		X					
9	Sponsoring organizations maintaining donor advised funds.	V. 22.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X					
10	Section 501(c)(7) organizations. Enter	1 300	٠ , ١ , ١	3.					
a	Initiation fees and capital contributions included on Part VIII, line 12		1137 13. 344						
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	(() () (() ()	ایق در برین					
11	Section 501(c)(12) organizations. Enter	- '	7 p.	£ 1					
a	Grossificome from members or shareholders	07.5	بار(غراف ق	1,100					
b	Gross income from other sources (Do not net amounts due or paid to other sources			25-37-87					
	against amounts due or received from them.)	~ ~	يامى	, » ac					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1.1.4	X					
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0	324		13.2					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	SE 38 ()	<u> </u>					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X					
h	Note. See the instructions for additional information the organization must report on Schedule O.			[:-;"					
b	Enter the amount of reserves the organization is required to maintain by the states in which	2,2	377	J. 3					
_	the organization is licensed to issue qualified health plans		(* , 'K') (* , 'Y')	1					
с 14а	Enter the amount of reserves on hand	4.6-	7,7,6	77					
b b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	-	X					
	100, indication in Schedule C N./ A	14b		<u> </u>					

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI

Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12	2) 67	<i>v</i> ,e ' Ş	1 22,
	If there are material differences in voting rights among members of the governing body,	ž- , ş	_37\f	25 3 15 1 15 1
	or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	72.	1. " " = a	1
b	Enter the number of voting members included in line 1a, above, who are independent 1b 488			1/2 1000
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			\$ ~~.
	officer, director, trustee, or key employee?	2	,:	Χ
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	200	4 6	.,• .
	by the following	y :	1, 30	, , ,
а	The governing body?	8a	Х	
b	The governing body?	8b	X	
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	i	Х
Section	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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? N./ A	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Χ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	7 1 2	, , , , , , , ,	7
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O howathis was done	12c		
13	Did the organization have a written whistleblower policy?	13		Χ
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	7 7	ر ئ	4 1 4
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	, - v4	
а	The organization's CEO Executive Director, or top management official	15a		Χ
b	Other officers or key employees of the organization	15b		Χ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	\$. 3	, 50
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	٠		Le 12
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	4 4		^{ક્ષ્}
	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	of 13		· · · · ·
	the organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	nly)		
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	SEE ATTACHMENT #2			

FDA

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

· Check if Schedule O contains a response or note to any line in this Part VII

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 organ (A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week		Position (do not check more ti box, unless person is officer and a director/			both an		Reportable compensation	Reportable compensation	Estimated amount of
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the crganization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
WILLIAM HAUN	2 00			x	15.00	17.	450+			
JR PAST WORTHY PRESIDENT	2.00						ľ	0	0	C
MARV CHRISTIANSON WORTHY PRESIDENT	2.00		(±x		A STATE OF THE STA		0	0	C
PAUL B PENCHI SR WORTHY CHAPLIN	2.00	له مجموع ۱۰۵۱ میمر	>	X	17 . m			0	0	C
ORRIS PEDERSON TREASURER	2.00	(\$2 ²⁷ \ _{1,}		x				0	0	O
CHAD VIKEMYR VICE PRESIDENT	2.00	ANK.	ľ	x				0	0	0
GEORGE BOYINGTON TRUSTEE	6.00			x				0	0	С
PAUL B PENCHI JR TRUSTEE	6.00			x				0	0	C
JOHN NEUERBURG INSIDE GUARD	2.00			x				0	0	C
LAVERN BRITT SECRETARY	35.00			x				0	0	d
JUDY NEUERBÜRG SECRETARY'S ASSIST	20.00				х			4,880	0	0
DAN THOMPSON CONDUCTOR	2.00			x				0	0	0
DANIEL WALSH	2.00			x				0	0	0
OUTSIDE GUARD KERMIT SISBACH TRUSTEE	6.00			x				o	0	C

Form **990** (2016)

Part	Section A. Officers	, Director	s, Trust	ees, k	(ey En	nploye	es, and	Highe	est Compensated E	mployees (contr	nued)		
	(A)	(B)							(D)	(E)	E:	(F) stimated	 d
	Name and title	Average hours per		officei	randa d	lirector	both an /trustee)		Reportable compensation	Reportable compensation		nount o	of
		week (list any hours for related	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	from	from related	com	pensat	
		organiza- tions	ual tru	ional t		ploye	st con		the organization	organizations (W-2/1099-MIS		om the anizatio	
		below dotted	stee	truste		6	pensa		(W-2/1099-MISC)			d relate anızatıo	
		line)			<u> </u>	<u> </u>	ted						-
		ı	ļ								İ		
									ā				
										II.			
				!				£.,					
		!		i					Control of a				
						16	1		i				
						16 ST.		130					
						-							
							SEAT NO.						
			Á	,	100	The state of the s							
				<u>, </u>						·			
1b c	Sub-total	ets to Pa	i VII S	ecilio					4,880				
d	Total (add lines 1b and 1c)					• • • •		•	4,880				· - · ·
2	Total number of individuals (i) from the organization	ncluding	ut not lii	mited	to thos	e liste	d above)	who	received more than	\$100,000 of repo	rtable com	oensatio	on
	(h) W		"									Yes	No
3	Did the organization list any to on line 1a? If yes," complete	45										1,24	
4	For any individual listed on the										3	, , , , , ,	X
_	organization and related orga	inizations (greater t	han \$	150,00	0? If "	Yes," cor	nplete	Schedule J for such	ı ındıvıdual	4	1	Χ
5	Did any person listed on line services rendered to the orga										5	(a)-	X
	n B. Independent Contractor	s									<u>-</u>		
1	Complete this table for your fi compensation from the organ										n's tax vear		
	- Componential Constitution	(A)						. ,	(B)	Tale organization		C)	
	Name and	business	address						Description of se	rvices	Comp	ensatio	n
									·····				
2	Total number of independent				ut not	limited	to those	listec	above) who receive	ed more than	12. 2 E	7.7.5	_ {
	\$100,000 of compensation fro	om the org	anızatıoı	1 ▶								× 4-1.	, ,,

Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or r	note to any line in thi	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaigns	1a		1 3		10 mm 1 mm 1	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
ΞΞ	ь	Membership dues	1b	9,460	The same of the sa			
ts, Grants Amounts	6	Fundraising events	1c	44,134				
₩.	ہ ا	Related organizations	1d					12 1. J. J. J. J. J.
હ'∈	"	=	 					
Sig	e	Government grants (contributions)	1e			ar Allandi		
를 P	f	All other contributions, gifts, grants, &			(A) 11 (19 19) [19]			LATE TO THE SHOP
듗픚		sımılar amounts not ıncluded above	1f	54,616	1 3 3 S		1/2/ 2	
Contributions, Gift and Other Similar	g	Noncash contributions included in lines 1a-1f	\$		1	14.77		
ပိန္ဓ	h	Total. Add lines 1a-1f			108,210			
				Business Code	1987 B 18 18 18 18 18 18 18 18 18 18 18 18 18		(24 - 155.	197 1 25 CM
A 1	2a			Dusiness Code	المنافعة المستدانية المستدانية		July - 1.57 111, 3	
<u>.</u>	20					ļ		
e e	b			· · · · · · · · · · · · · · · · · · ·				
Program Service Revenue	C						<u> </u>	
eve eve	d							
ğč	e							
Ā	f	All other program service revenue			,.			
	g				\$F	12 - 32 -	1. 1. 1. 1. 1. 1.	10 - 50 - 60
	3	Investment income (including dividend					1 1 1 6 6 1	
	•	other similar amounts)			374	374	1	
		•			Frank Street	375	<u> </u>	
	4	Income from investment of tax-exempt			The state of the s			
	5	Royalties	· · · · ·					
		(ı) Rea		(II) Personal		- (- 2)	18. 2. 2. 6. 2.0)	A 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	6a	Gross rents	1,419			3 437 (347 45)		2 (1 to 1
	b	Less. rental expenses	63	13		1 M		
	c	Rental income or (loss)	1,356	A 1000	Francisco Contraction	1 - 356-10kg	The state of	7.00
	1	Net rental income or (loss) · · · · · ·			1,356	1,356	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	The state of the state of
		_ (i) Secur			3 - 31"	2,300	p t to	40 5 5 W A
	7a	Gross amount from sales	A S	(ii) Other		14. The state of		
		of assets other than	A CONTRACTOR OF THE CONTRACTOR	- Hund F	, , , , , , , , , , , , , , , , , , , ,			
		inventory			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 (12th - (3)) 1 1 (27) 2 (3)	1 Service Serv	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b	Less cost or other basis	100	*	, , , , , , , , , , , , , , , , , , , ,		4 1	
		and sales expenses	× (1)		, , ,		1 gr. 25 25 - 14	
	C	Gain or (loss)	42,50		- * ئۇرىيە -		1-12	A. 17 24 126
	d	Net gain or (loss)	~~			- 4 alt		- + 40,100 (1) (1)
	8a	Gross income from tundraising events	[`E. " E.	108.3	May face 3 and	
6 \		(not including \$ 44,	134				1, 10, 10, 10, 11, 11	
ă		of contributions reported on line 1c).	_		**,			· · · · · · · · · · · · · · · · · · ·
Ve		See Partal Value 18			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,		
Re		Medic 1.	a	11 104	Ý.	1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Other Revenue		Less. direct expenses	b	11,194	* }		"	The second secon
₹	С	Net income or (loss) from fundraising ev	ents	,.▶	-11,194	1		
_	9a	Gross income from gaming activities. Se	ee		, ,	1,812-534- =	m Barrier	31. ()
		Partily line 19	а				1. 14. 12. 14.	1
	b	Less direct expenses	. ь [, , , , , , , , , , , , , , , , , , , ,			
	С	Net income or (loss) from gaming activity	ues .			ا جسم تاس ^ا ما	2011 1481 344 3711	
		Gross sales of inventory, less	Г		a sa	- 33 C ve		0.77. 6. 2.33.0
		returns and allowances		274,423				1. 3x 2 1. 42 1
	h		- 1	103,102				
		Less cost of goods sold			المراتين مستد		أعيلاني فأتبط	
	С	Net income or (loss) from sales of inven	tory	▶	171,321		171,321	
ļ		Miscellaneous Revenue		Business Code	B.C. (47/24		(To 1 5 18, 18)	1418 11 3
}	11a	REIMBURSED EXPENSES			640	640		, , , , , , , , , , , , , , , , , , , ,
l	b							
İ	С							
	d	All other revenue						
l		Total. Add lines 11a-11d	L		640		\$11.75	
ŀ		Total O		• • • • • • • • • • • • • • • • • • • •	270,707		177 707	<u> </u>
		I I I I I I I I I I I I I I I I I		· · · · · · · >	2/0,/0/	2,370	171,321	

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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).

` <u> </u>	Check if Schedule O contains a response or note to	o any line in this Part	IX		
	ot include amounts reported on lines 6b, p, 9b, 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			2. 14. 1987年11日11日	图的现象包含的
	and domestic governments. See Part IV, line 21	30,481	30,481	14、美學性學學意	
2	Grants and other assistance to domestic				LOW THE THE THE
	ındıvıduals. See Part IV, line 22	550	550		
3	Grants and other assistance to foreign organizations,			5 / F & 1 5 3.2 1	May 2 19 1 1 1 1 1 1 1
	foreign governments, and foreign individuals.				
	See Part IV, lines 15 and 16			1、珍珠 1、小块、	A CONTRACTOR OF THE STATE OF TH
4	Benefits paid to or for members			\$ 1 (18/2)	10/0 40 1 100
5	Compensation of current officers, directors,				, , , , , , , , , , , , , , , , , , , ,
	trustees, and key employees	4,880	4,880		
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	20,549	20,549		
	Pension plan accruals and contributions (include		207313		
	•				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	0.400	400 0 100		
	Payroll taxes · · · · · · · · · · · · · · · · · · ·	2,198	2,198		
	Fees for services (non-employees) [.]	45			
	Management		and the same of th		
b	Legal·····		to garage		
C	Accounting	250	<i>y</i> 250	-	,,
d I	Lobbying	AND THE			
e i	Professional fundraising services. See Part IV, line 17	M / M	Programme and the second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
f	Investment management fees	SA ASV.			
g	Other. (If line 11g amount exceeds 10% of line 25, column)	B 1200			
	(A) amount, list line 11g expenses on Schedule O.)				
	Advertising and promotion	4,893	4,893		
13 (Office expenses	1382			
	Information technology				
	Royalties	-			
	Occupancy	9,529	9,529		
	(C) - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -	·			
 18	Travel Payments of travel or entertainment expenses for any				
	rederal, state, or local public officials				
	AL NOSC 375 ALC A AASSA	4,914	4,914		
	Conferences, conventions, and meetings		7,717		
	NARA NE				···
	Payments to affiliates	6,340	6 240		
	Depreciation de Pietion, and amortization		6,340		
	Insurance	2,861	2,861	,	
	Other expenses. Îtemize expenses not covered above	- + 1			to the state of th
	List miscellaneous expenses in line 24e. If line 24e	· · · · · · · · ·			a think the think with his
	amount exceeds 10% of line 25, column (A) amount,	1, 2			
	st line 24e expenses on Schedule O.)			Market Commence	· · · · · · · · · · · · · · · · · · ·
_	DUES	6,801	6,801		
	SUPPLIES	57,351	57,351		
c]	POSTAGE	443	443		
d I	BANK FEES	25	25		
e 7	All other expenses	132,046	132,046		
	Total functional expenses. Add lines 1 through 24e	284,111	284,111		
	Joint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ► If following SOP 98-2 (ASC 958-720)				
FDA	16 99010 BWF 990 Form Software Copyright 1996 – 20				Form 990 (2016)

FDA

		Check if Schedule O contains a response or note	to any li	ne in this Part X			
		`	<u>,</u>		(A) Beginning of year	·	(B) End of year
	1	Cash non-interest-bearing			4,274	1	7,329
	2	Savings and temporary cash investments			180,975	2	160,370
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
- 1	5	Loans and other receivables from current and form			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	الداء ومحر	
İ		trustees, key employees, and highest compensated		•			(特別) [[李]]
l		Complete Part II of Schedule L			Falsander and the first waste the control of	5	1 1 2 4 1 1 2 11 1 1 1 1 1 1 1
i	6	Loans and other receivables from other disqualified persons			1 No 170 6	A 3	The state of the state of the
	•	4958 (f)(1)), persons described in section 4958(c)(3)(B), and co		The state of the s	1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	Control of the	
- {		sponsoring organizations of section 501 (c)(9) voluntary emplo	•		ا المراد المراد المراد المراد المراد المراد المراد المراد المراد المراد المراد المراد المراد المراد المراد الم		
y,		organizations (see instructions). Complete Part II of Schedule		•	" and "	6	The state of the State of Stat
Assets	~	Notes and loans receivable, net		<u> </u>			
AS]					9,223	7	7,799
i	8	Inventories for sale or use			3,223	<u> </u>	1,193
		Prepaid expenses and deferred charges			en 1. 1. 1/2 = 1.1. (2.5 ft)	9	**
	10 a	Land, buildings, and equipment. cost or other	11	556 005			The state of the s
		basis. Complete Part VI of Schedule D		556,925	غميسين أكد سأعيد المقدمة فاستعادات	19 T	The Carrows Control of the August Aug
- }		• •	10b	259,22,0	297,375	10c	297,705
	11	Investments publicly traded securities	• • • • • •	() () () () () () () () () ()		11	
- -	12	Investments publicly traded securities Investments other securities. See Part IV, line 11 Investments program-related. See Part IV line 1		6 A To. 22		12	
	13	Investments program-related. See Part IV, line 1	1		(1 · A	13	
-	14	Intangible assets			4	14	
-	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal li	ne 34) 🍻		491,847	16	473,203
1	17	Accounts payable and accrued expenses		A 1 A	13,098	17	12,474
	18	Grants payable		. .		18	
	19	Deferred revenue				19	
- 1		Tax-exempt bond liabilities	ا الله الله الله الله الله الله الله الل			20	
- 1		Escrow or custodial account liability. Complete Part	%. <i>1∕0/</i>	 nedule D		21	
		Loans and other payables to current and former off			31.5		128 B N. 18. 12. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
ין בו		trustees, key employees, highest compensated emp				37	
		disqualified persons. Complete Rart, II of Schedule			S = LET LET ()	22	Later of the State
	~~	Secured mortgages and notes payable to unrelated					
- 1	23	Secured mortgages and notes payable to unrelated	i limo pa	ues		23	
- 1	24	Unsecured notes and loans payable to unrelated the Other liabilities (including federal income tax, payable)	iro partie	S		24	
- { }						}	1
		parties, and other liabilities not included on lines 17				_	
		William Brown	• • • • • • •		12 000	25	10 47
	26	Total liabilities. Add lines 17 through 25			13,098	26	12,474
		Organizations that follow SFAS 117 (ASC 958), o		re ▶ ∐ and		6 5	Section 1995
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and 3	34.		1		The same was to
	27	Unrestricted net assets	• • • •			27	
R :		Temporarily restricted net assets				28	
2 2	29	Permanently restricted net assets		<u></u>		29	
2		Organizations that do not follow SFAS 117 (ASC	958), ch	eck here ▶ 🏻 and		***	Section of the sectio
5		complete lines 30 through 34.		_	J. 16. 18 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Part of the same of the
	30	Capital stock or trust principal, or current funds	<i></i> .		most - m = of m b = N m	30	- 1 1
ĝ :		Paid-in or capital surplus, or land, building, or equi				31	
i [Retained earnings, endowment, accumulated incom			478,749		460,729
		January on down tony dood indicated in both					460,729
	33	Total net assets or fund balances			478,749	33	4 00 . 7 . 1

Forn	990 (2016) FRATERNAL ORDER OF EAGLES 39-078348	8 9			Page	12
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				لــــــــــــــــــــــــــــــــــــــ	Ц_
1	Total revenue (must equal Part VIII, column (A), line 12)	1			270,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2			284,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			$-1\overline{3}, 4$	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	178,7	49
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			-4,6	16
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		4	160,7	29
Par	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 Accrual Other HYBRID		Γ	1 2 mag 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	K 200 1	1-15-
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in					, Jx
	Schedule O.		į.			
28	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	1	У.
~~	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			55, 13	7 3.7	<u> </u>
	reviewed on a separate basis, consolidated basis, or both.		ś			ار کا
	Separate basis Consolidated basis Both consolidated and separate basis			15		
h	Were the organization's financial statements audited by an independent accountant?		ļ-	2b	:	X
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		∵∵ ∵ ⊦	20	Z ()	<u>₹1,1,</u>
	separate basis, consolidated basis, or both:		à		14	· ,
			1		- " A.W.	1 3
_	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 oversight		-	·	حاف, '	,
С			NT / 7		1	
			N/A	2c		7. , 2
	If the organization changed either its oversight process of selection process during the tax year, explain in		ſ			
_	Schedule O.		1	yr.,***	· ['E'	, ser
За	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-1333	• • • • •		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		,			
	required audit or audits, explain why in Schedule Oland describe any steps taken to undergo such audits		N./.A.	3b		

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FDA

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Form **990** (2016)

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRATERNAL ORDER OF EAGLES

Employer identification number

39-0783488

	rt I Organizations Maintaining Donor A	dvised Funds or Other Simila	r Funds or Accounts.
	Complete if the organization answered "Yes" or		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor	ors in writing that the assets held in dono	r advised
	funds are the organization's property, subject to the org	anization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and do	onor advisors in writing that grant funds of	can be used only
	for charitable purposes and not for the benefit of the do	nor or donor advisor, or for any other pu	urpose conferring
	ımpermissible private benefit?		Yes No
Pai	t II Conservation Easements.		
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the orga	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation o	r education) 💢 🗌 Pres	ervation of a historically important land area
	Protection of natural habitat	Pres	ervation of a certified historic structure
	Preservation of open space	A STATE OF THE STA	
2	Complete lines 2a through 2d if the organization held a	qualified conservation เดิกให้เป็นที่อุกมูก the	e form of a conservation
	easement on the last day of the tax year.		
		The state of the s	🌁 🖓 Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	n Tes	2b
С	Number of conservation easements on a certified histori		2c
d	Number of conservation easements included in (c) acqu	2	
	_ ,	The state of the s	
3	Number of conservation easements modified, transferre	d, released, extinguished, or terminated	by the organization during the tax
	year •		
4	Number of states where property subject to conservation		
5	Does the organization have a written policy regarding th		
_	enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring inspecting, hand		
7	Amount of expenses incurred in monitoring, inspecting, handling o		·
8	Does each conservation easement reported on line 2(d)	· ·	
_	and section 170(h)(4)(B)(ii)? (iii) and section 170(h)(4)(B)(iii)? and		
9	balance sheet, and include, mapplicable, the text of the		
	the organization's accounting for conservation easemen	to	latements that describes
Dar	t III Organizations Maintaining Collection		s or Other Similar Assets
I (di	Complete in the organization answered "Yes" on		s, or other Similar Assets.
	If the organization elected, as permitted under SFAS 11		statement and halance sheet works of
	art, historical treasures, or other similar assets held for p		
	in Part XIII, the text of the footnote to its financial statement	ents that describes these items.	
b	If the organization elected, as permitted under SFAS 11	6 (ASC 958), to report in its revenue stat	ement and balance sheet works of art
_	historical treasures, or other similar assets held for public	c exhibition, education, or research in fu	rtherance of public service, provide
	the following amounts relating to these items.		,
	(i) Revenue included on Form 990, Part VIII, line 1 .		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical		·
_	following amounts required to be reported under SFAS		J-11.7 J-
а	Revenue included on Form 990, Part VIII, line 1	, ,	> \$
	Assets included in Form 990, Part X		> \$

Pa	rt III Organizations Ma	intaining Collec	tions of Art, h	listorical Treasur	es, or Other Similar	r Assets	(continu	ied)
` з	Using the organization's acquisit							
	items (check all that apply)							
а	Public exhibition		d	Loan or exchange	programs			
b	Scholarly research		е	Other				
С	Preservation for future genera	ations		-				
4	Provide a description of the orga		and explain how	thev further the organiz	ation's exempt purpose in			
	Part XIII.		•	,	,			
5	During the year, did the organiza	ation solicit or receive	donations of art. I	historical treasures, or c	ther sımılar			
_	assets to be sold to raise funds		•	•		Yes	, [No
Pai	t IV Escrow and Custo			-				
		•		t IV. line 9, or reported a	an amount on Form 990, F	Part X. line 2	21.	
1a	Is the organization an agent, trus							
	included on Form 990, Part X? .		•			П үез	. г	No
b	If "Yes," explain the arrangement					П те	' ∟] 140
b	ii res, explain the arrangement	an an an and con	piete trie lollowing	table		mount		
_	Beginning balance					Hount		
C	Additions during the year				10			
d	Distributions during the year				1d			
e ,					1e			
f	Ending balance				1f			T
2a	Did the organization include an a				•			No
b	If "Yes," explain the arrangement		ere if the explanati	ion has been provided	on Part XIII	• • • • • • • •	···-	<u> </u>
Pa	rt V Endowment Funds		5 5	A TOTAL OF THE PARTY OF THE PAR				
	Complete if the organiza							
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three years back	(e) Four	ears ba	ıck
1a	Beginning of year balance					 		
þ	Contributions		1	37 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 		
С	Net investment earnings,			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	gains, and losses		1,34	. / rē				
ď	Grants or scholarships		A CONTRACTOR	Fam.				
e	Other expenditures for		(強 144					
	facilities and programs		1300					
f	Administrative expenses	محمداد المعمر	Manual 100					
g	End of year balance	173				1		
2	Provide the estimated percentag	e of the current year	end balance (line	1g, column (a)) held as				
а	Board designated or quasi-endo	owment 🔭	<i>"</i> %					
b	Permanent endowment	The state of 1965						
С	Temporarily restricted endowmen		%					
	The percentages on lines 2a, 2b,	and 2c should equa	 al 100%.					
За	Are there endowment funds not	in the possession of	the organization th	at are held and adminis	stered for the			
	organization by					1	Yes	No
	(i) unrelated organizations	`v [.]				3a(i)		
	(ii) related organizations					3a(ii)		
b	If "Yes" on line 3a(ii), are the rela							
4	Describe in Part XIII the intended							
De	rt VI Land, Buildings,			1011001				
				art IV, line 11a. See For	m 990 Part X line 10			
	Description of property		t or other basis	(b) Cost or other	(c) Accumulated	(d) Book	value	—
	Description of property	` '	nvestment)	basis (other)	depreciation	(u) DUUK	value	
4 -	Lond		251,032	Dadio (Offici)			251,0	122
1a	Land		231,032	125 000	125 000			,32
b	Buildings			125,000	125,000		- 12 /	\
C	Leasehold improvements			83,417	67,165		16,2	
d	Equipment			97,476	67,055		30,4	121
_ e	Other							
Tota	 Add lines 1a through 1e. (Column 	nn (d) must egual Fo:	rm 990, Part X. coli	umn (B), line 10c.)			297,	/05

FRATERNAL ORDER OF EAGLES 39-0783488 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. a Net unrealized gains (losses) on investments 2b 2c Amounts included on Form 990, Part VIII, line 12, but not on line 1: b Other (Describe in Part XIII) 4c 5 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 per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a **b** Prior year adjustments 2b ŹĈ d Other (Describe in Part XIII.) e Add lines 2a through 2d Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990. Part VIII. line 7b.45 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part is line 18.) . . . Supplemental Information. 温 Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2: Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

2016

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990–EZ) and its instructions is at www.

Inspection

Internal Revenue Service	ormation about Schedu	Jie G (Form 9	190 or 990-1	EZ) and its instructions is at i	www.irs.gov/form990.	Inspection
Name of the organization			_			ntification number
FRATERNAL ORDER OF					39-07834	8 9
Part Fundraising Acti	vities. Complete :	ıf the orgar	nization ai	nswered "Yes" on Form	990, Part IV, line 17.	
Form 990-EZ filers are						
1 Indicate whether the organizat	on raised funds thr	ough any	of the folk	owing activities. Check a	all that apply.	
a Mail solicitations		е	Solic	citation of non-governme	ent grants	
b Internet and email solicitation	ns	f	Solic	sitation of government gr	rants	
c Phone solicitations		g	Spec	cial fundraising events		
d In-person solicitations						
2a Did the organization have a wr						
or key employees listed in Forr						··· UYes 🛛 N
b If "Yes," list the 10 highest paid			ıısers) pu	rsuant to agreements un	der which the fundraiser	IS
to be compensated at least \$5,	,000 by the organiza	ation.				
		T				
(i) Name and address of individual	(#) A -+		fundraiser custody	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity	1	ntrol of	from activity	(or retained by) fund- raiser listed in col. (i)	(or retained by)
	-	Yes	No No	 	Taiser listed III col. (I)	organization
1		163	140			
•						
2		+		123 x x x x x x x x x x x x x x x x x x x		
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3 List all states in which the organ	nization is registered	d or license	ed to solic	at contributions or has b	een notified it is exempt f	rom registration
or licensing.						

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater triair 40,000.					
			(a) Event #1 CANCER TEL	(b) Event #2 GUN RAFFLE	(c) Other events	(d) Total events (add col (a) through	
Revenue			(event type)	(event type)	(total number)	col. (c))	
	1	Gross receipts	27,459	10,776	5,900	44,135	
	2	Less: Contributions					
	3	Gross income (line 1					
		minus line 2)	27,459	10,776	5,900	44,135	
	4	Cash prizes					
	5	Noncash prizes					
uses	6	Rent/facility costs					
Direct Expenses	7	Food and beverages	3,444			3,444	
Direc	8	Entertainment					
	9	Other direct expenses · · · · · · · · · · · · · · · · · ·		5,708	2,042	7,750	
	10	Direct expense summary. Add lines 4 thr				11,194	
	11	Net income summary. Subtract line 10 fro				32,941	
Pa	rt II	_	112.	orm 990, Part IV, line 19,	or reported more		
		than \$15,000 on Form 990-EZ, line 6	a. V.A.				
Revenue			(a) Bingo	Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))	
Rev	1	Gross revenue					
	2	Cash prizes	The state of the s				
Direct Expenses	3	Noncash prizes					
Direct E	4	Rent/facility costs					
ا '	_	Other direct expenses					
	_5	Other direct expenses 10% 10%	Yes %	Yes %	Yes %	S = B 10 3 8 1	
	6	Volunteer labor	No No	No %	No 76		
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)				
-	_	C handle		C.IX			
	8	Net gaming income summary Subtract lin	ne / from line 1, column (d)			
g a b	ls t	ter the state(s) in which the organization co he organization licensed to conduct gamin No," explain				··· Yes No	
10a b		ere any of the organization's gaming license Yes," explain	es revoked, suspended, c	or terminated during the t	ax year?	· · · Yes No	

ched	dule G (Form 990 or 990-EZ) 2016 FRATERNAL ORDER OF EAGLES 39-078348 $m{g}$	Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes	No
12,	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	_
	formed to administer charitable gaming? Yes	No
13	Indicate the percentage of gaming activity conducted in	
а	The organization's facility	%
b	An outside facility 13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records	
	Name ▶	
	Address ▶	
15a		п
	revenue?	∐ No
b	If "Yes," enter the amount of gaming revenue received by the organization and the amount	
_	of gaming revenue retained by the third party \$	
С	If "Yes," enter name and address of the third party	
	Name ▶	
	Address ▶	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	No
þ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	_
	in the organization's own exemptractivities during the tax year ▶ \$	
art	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	
•		

FDA

OMB No. 1545-0047 (h) Purpose of grant Open to Public **Employer identification number** ANCER RESE or assistance 2016 ⊠ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 39-078348 (g) Description of noncash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, FMVPart IV, line 21, for any recipient that received more than \$5,000 tan be duplicated if additional space is needed. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds (in the United States. 24,816 (d) Amount of cash grant (c) IRC section the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (p) EIN RATERNAL ORDER OF EAGLES 1 (a) Name and address of organization LA CROSSE, WI 54601 or government GUNDERSEN CANCER Name of the organization Department of the Treasury Internal Revenue Service FOUNDATION 4TH STREET SCHEDULE (Form 990) Part I Part II

≗ □

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) (2016)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

מווטוומו סלימטים:	(f) Description of noncash assistance	
	(e) Method of valuation (book, FMV, appraisal, other)	
	(d) Amount of noncash assistance	
	(c) Amount of cash grant	
	(b) Number of recipients	
י מון ווו סמון פט מקרוסונסט וו מממונסט פרוסי וסי וויסימסטי	(a) Type of grant or assistance	

SCHEDULE I, PART IV MAJORITY OF GRANTS GIVEN ARE TO WELL KNOWN NATIONAL ORGANIZATIONS Supplemental Information: Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

Schedule I (Form 990) (2016)

SCHEDULE 0 (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.

▶ 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.

OMB No. 1545-0047 2016 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

FRATERNAL ORDER OF EAGLES

|39−078348**₽**

PART VI, SECTION C, LINE 19 - A COPY OF ALL POLICIES AND TAX RETURNS AVAILABLE UPON REQUEST.

PART 6, LINE 1 - THE GOVERNING BODY DISCUSSES BUSINESS BUT THEN MUST BRING THE BUSINESS BEFORE THE MEMBERSHIP FOR FINAL VOTE

PART IX, LINE 24E - \$132046 EXPENSES FROM 990-T, LINE 29

