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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
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.

OMB No 1545-0047

2016

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	For the 2	016 calen	dar year, or t							d ending				. 2017		
В	Check if app	licable	C Name of org	anization F1	catern	al Or	der of	the Eag	les	Aerie	4174	D Employ	er iden	tification nur	nber	
	Addres	s change	Doing busine									91-	1799	707		
	Name o	change	Number and	street (or P O	box if mail i	is not deliv	ored to street e	ddress)		Room/su	te	E Telepho	ne num	ber		
	Initial re	atum	P O Box	671765								(90	7) 6	88-408	5	
	Final retu	miterninated		state or provins	ce, country,	and ZIP o	r foreign posta	code								
	Amend	ed return	Chugiak					AK	9	9567		G Gross	ceipts	\$ 336,	551.	
	Applica	tion pending	F Name and a	ddress of princi	pal officer	•					(a) Is this	a group ratum	for sub			X No
	···		James D Ste	wart P O	Вох б	71769	Chuqia	ak A	\к 9	9567	(b) Are all	subordinates attach a list (included	a? [Yes [No
ī	Tax-exer	npi status	501(c)(3)	X 501(c)			sert no)	4947(a)(1)		527	II NO,	attach a list (500 INST	ructions)		
J	Websit			11:	, 17		, ,	1			(c) Group	exemplion nu	mber 1	-		
K		rganization	X Corporation	Trust	Assoc	aation	Other >	Ti	_ Year	of formation				legal domicile	AK	
Pä		Summar		1 1												
(1-2-			e the organiz	ation's miss	ion or me	ost sign	ificant activ	ities. E	eor	ole He	lping	Peopl				
Ø											<u> </u>		<u> </u>			
Activities & Governance	i															
Ĕ																
8	2 Ch	eck this bo						ns or dispos					ssets			
95 95	3 Nu	mber of vo	ting members	of the gove	rning bo	dy (Part	VI, line 1a)						3			9
es	4 Nu 5 To		lependent vot										4	ļ		185
¥	B To		of individuals of volunteers										5 6			150
Ę	7a To										· · · · ·		7a			150 0.
_	b Ne	t unrelated	d business re business taxa	able income	from Fo	m 990	II Liner 34	VED:					7b			0.
					- 1	<u> </u>			ाठी		Р	rior Year		Curr	ent Year	
_	8 Co	ntributions	and grants (P	art VIII, line	1h).	<u>ب ا آجَ</u>	1 A # 'A' 1		SO-S				15.			370.
Revenue	9 Pro	oram serv	ice revenue (F	Part VIII. line	2a) 🛵)Cf 2 4		3							
e¥e	10 Inv	estment in	come (Part VI	II, column (A), lines	3, <u>4, an</u>	d 7d)	<u></u>	E .					1		
œ	11 Ot	ner revenu	e (Part VIII, co	olumn (A), lii	nes 5, 6d	i. 80, 90	10回 回小	(1e) (🔭 .	· .			142,7	44.		145,8	90.
	12 To	al revenue	- add lines 8	3 through 11	l (mustre	qualifia	ir(VIII+colu	mh (A), line,	12), .			150,0	59.		152,2	60.
			milar amounts									8,3	51.		1,3	<u> 335.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)															
Ø	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)											79,0	12.	75,440.		40.
Expenses	16 a Professional fundraising fees (Part IX, column (A), line 11e)															
<u>ş</u>	b To	al fundrais	ing expenses	(Part IX, co	lumn (D)), line 25	5) >						N. KV	AN CAN	WHITE WAY	
ű	17 Oti	ner expens	es (Part IX, co	olumn (A). li	nes 11a-	-11d. 11	f-24e)			 -	JAN PAG	90,8		NE THE MARK NOT B	80,5	
			es Add lines 1				•					178,1			157,2	
			expenses. Su									-28,1		 	-5,0	
88							· · · · · · · · · · · · · · · · · · ·				Regioni	ng of Currer		End	of Year	
\$ <u>5</u>	20 To	tal assets (Part X, line 16	8)							Degiliini	107,1			109,9	
Assets d Balan	21 To		(Part X, line										53.			358.
ŠŠ			fund balances													
		Signatui		1		-			• • •	• • • • •		104,4	75.	1	107,5	94.
				amined this reti	uro include	no accome	anvior schodu	las and etalame	nte no	d to the best	of my know	dodoo and he	def a			
com	plete Declare	ation of prepar	clare that I have ex er (other than effic	er ispased on	all informat	tion of whi	preparer has	any knowledge	1	0 10 110 0031	Oi my Rilot	wiedye ariu be	mei, a is	7 IIU8, WITEU,	8110	
			/\/	7								1/)-	T7-	11		
Sig	gn	Signatu	re of officer	$\Pi \mathcal{I}$							Da	ale		' /		
He	re	Jam	es D Ste	wart	4						Treas	surer				
		Type or	print name and lit	le	1)											
		Print/Type p	reparer's name		Prepa	rer's signa	ture		Dá	图	. 1 .	Check	ď	PTIN		
Рa	id	Janet	Hansen		Va	س	tiller	نىعد		7/20/	17	self-employe	id id			
Pro	eparer	Firm's name	► K ST	REET AC	COONT	ING,	INC				_			L		
Us	e Only	Firm's addre		K ST								Firm's EIN	92	-01701	98	
				ORAGE				AK 995	03-	1727		Phone no	(90		-3317	
May	the IRS	discuss the	s return with th	ne preparer	shown a	bove? (see instruct	ions)						. Ye:		No
			eduction Act								0101 11/1	RU1R			m 990 (2	

Form 990 (2016)

TEEA0101 11/16/16

orm 990 (20		Eagles Aerie 4174	91-1799707	Page 2
	Statement of Program Service Acc	omplishments		
	check if Schedule O contains a response or n	ote to any line in this Part III		<u></u>
-	escribe the organization's mission:			
Peop.	e Helping People			
0 51111		46	and the sales and the sales	
	organization undertake any significant progra			es X No
	0 or 990-EZ?describe these new services on Schedule O.			es [A] NO
	organization cease conducting, or make signi	figure changes in how it conducts.	any program senuces?	res X No
	organization œase conducting, or make signi describe these changes on Schedule O	icant changes in now it conducts, a	any program services	93 VI 110
4	. the	shments for each of its three larger	st program services, as measured by exp	enses.
Section and rev	e the organization's program service accombine 501(c)(3) and 501(c)(4) organizations are requestions, if any, for each program service reported	uired to report the amount of grants d	s and allocations to others, the total expe	nses,
4 a (Code:) (Expenses \$ 27,7	41. including grants of \$	28,888.)(Revenue \$)
Gami	ng Activities = sale of pul	l tabs for the benefi	t of	
Char	ties			
				
4 b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
			-	
				
				-
4 ¢ (Code:) (Expenses \$	including grants of \$) (Revenue \$	
•				
		- -		
				
				 -
4 d Other p	rogram services (Describe in Schedule O)			
(Expen	ses \$ including	grants of \$) (Revenue \$)
4 e Total p	ogram service expenses	27 741		

	990 (2016) Fraternal Order of the Eagles Aerie 4174 91-179970	7	F	age 3
(I-N			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		х
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_		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8	<u> </u>	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		х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			· ·
;	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		х
١	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	11 b	,	х
•	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	110	_	х
1	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	110		Х
1	Did the organization report an amount for other habilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	<u> </u>	X
	Find 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	11 f		х
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		х
	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			х
	Is the organization a school described in section 170(b)(1)(A)(II)? If 'Yes,' complete Schedule E		<u> </u>	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	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 valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	146		x
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		х
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		х
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		х
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		х
19	nominate Cahadula C Dest III	19	Х	

Form 990 (2016)

U	<u>a</u>	Checklist of Required Schedules (continued)			
				Yes	No
	20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
		If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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
	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		х
	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		х
	24 a	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		х
	ь	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	24c		
	d	any tax-exempt bonds?	24d		
		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		
	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		X
	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		Х
	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	t	o A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	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		x
	29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
	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, Part I	31		X
	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		х
	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		х
	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		х
	35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	t	olf '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	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, 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	
E	BAA			000 /	2016

Form 990 (2016) Fraternal Order of the Eagles Aerie 4174 Partiv Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in the Part V

zai	Check if Schedule O contains a response or note to any line in this Part V			. П
	Chock it delicates a contract of the contract		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
t	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Х
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	. ,	7,	
	ments, filed for the calendar year ending with or within the year covered by this return 2a 9 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
2.	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ۍ د ا	o If Yes, has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	—	\vdash
	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)?	4 a		х
	o If 'Yes,' enter the name of the foreign country. ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	:: p	pir.	كبيا
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(of Yes, to line 5a or 5b, did the organization file Form 8886-T?	5 c	├	↓
6	a 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
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	3.75 m	- 4	有
	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?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	,	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			Ţ.,
	Form 8282?	7 c		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	sicil.		
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	+	X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	┼	 ^
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 9	<u> </u>	X
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h	,	x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		- FE	
	organization have excess business holdings at any time during the year?	8		X
	Sponsoring organizations maintaining donor advised funds.	489		
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	+	X
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b)	X
	Section 501(c)(7) organizations. Enter.		5.0	
	a Initiation fees and capital contributions included on Part VIII, line 12	A.	4.25	
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		J. 74	
	Section 501(c)(12) organizations. Enter:		100	
	a Gross income from members or shareholders		. پر2	
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			$\ $
	Section 501(c)(29) qualified nonprofit health insurance issuers.	4	100	S
	a Is the organization licensed to issue qualified health plans in more than one state?	13a	خصندار	_
	Note. See the instructions for additional information the organization must report on Schedule O.	1	152	
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	夢		
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
BA/	b if 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	0 000 /	(2015)
		- OF	· wuii /	

	The term of the stage of the st							
Pár	EVI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b belo a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	w, an in	d for					
	Check if Schedule O contains a response or note to any line in this Part VI			. X				
Sect	tion A. Governing Body and Management							
			Yes	No				
	Enter the number of voting members of the governing body at the end of the tax year 1 a 9 1 1 1 1 1 2 1 1 1 1 2 1 1 1 1 2 1 1 1 1 2 1 1 1 1 2 1		透透	新				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 185	1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		粉製					
	officer, director, trustee, or key employee?	2		Х				
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	4		х				
since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х				
6	Did the organization have members or stockholders?	6	X	 				
7 a	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?	7 a	х					
		· · · ·	<u> ^</u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	x					
^		_		- i i i				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body?	8 a	X	4				
	Each committee with authority to act on behalf of the governing body?			├				
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 55	<u>├</u> ^	-				
3	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.)).				
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10 a	Х					
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?	10 b	x					
1 1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х					
t	Describe in Schedule O the process, if any, used by the organization to review this Form 990	挫马	194	74.5				
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		Х				
t	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 how this was done	120						
13	Did the organization have a written whistleblower policy?	13	\vdash	Х				
14	Did the organization have a written document retention and destruction policy?	14	 	X				
15		A STATE OF	歌劇	jang €.				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1-11		ر هر در انوا مودر اورو				
a	The organization's CEO, Executive Director, or top management official	15a	ı	Х				
t	Other officers or key employees of the organization	15 b		Х				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	\$ E. E.	17.4	17.5				
16 a	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	E M	X				
	of Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its	**		7.75				
	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?	126	H.	Brei				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed Alaska Alaska							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available Check all that apply.	availa	ble					
	Own website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available public during the tax year	ole to						
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							
	James D Stewart P O Box 671765 Chugiak AK 99567 (9	07)	<u>688</u> -	4085				

•										
Form 990 (2016) Fraternal Order of the									91-17997	
Part VII Compensation of Officers, Director Independent Contractors	rs, Tru	stee	s, ł	(ey	Er	nplo	ye	es, Highest Co	ompensated En	nployees, and
Check if Schedule O contains a response or	note to an	v line	ın t	his F	Part	VII .				
Section A. Officers, Directors, Trustees, Ke										<u> </u>
1 a Complete this table for all persons required to be listed organization's tax year.	I. Report o	omp	ensa	lion	for	the c	aler	ndar year ending w	ith or within the	
 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 compens who received reportable compensation (Box 5 of Form W- organization and any related organizations 										
 List all of the organization's former officers, key em of reportable compensation from the organization and any 	related o	rgani	zatio	ons.						00,000
 List all of the organization's former directors or tru organization, more than \$10,000 of reportable compensat 										
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 nor any rela	ted organi	zatio	n co	mpe	nsa	ted a	ny c	current officer, dire	ctor, or trustee.	
				(C)						
(A) Name and Title	(B) Average hours	than	one i both	box, u	ınless	ck mor perso and a e)	n e	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	-	Officer			Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Edward Barnum President	4.00			х				0.	0.	0.
(2) Ted Williams	4.00									
Secretary	<u> </u>			Х				0.	0.	0.
_(3) James Stewart	4.00			v					_	_
Treasurer	1 22		-	Х		 	-	0.	0.	0.
(4) Rich Ashley	4.00			х				0.	0.	0.
Vice President (5) Joe Cappelleri	8.00	\vdash	\vdash	•,,	-	1	\vdash	0.	<u></u>	<u>. </u>
Trustee	1-5.55	х						0.	0.	0.

(11) (12)

0.

0.

0.

0.

(14) BAA

(13)

(6) Joe Andrews

Trustee

(7) Kim Lace

8.00

<u>8.00</u>

Х

0.

0.

Randylla Section A. Officers, Directors, Ir	T	Key	Εm			es, a	anc	Highest Com	ipensated Emp	oloyees (continued)
	(B)	}			C) dion					
(A) Name and title	Average hours	box	, unio	heck ss pe	more rson	than o	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated
Na.// 2/10 MIC	per week (list any	\vdash	_			avunst B ∓		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	amount of other compensation from the
	hours for	or director	탏	Officer	93		me	(10-271033-111100)	(14-27-033-11100)	organization and related
	related organiza - tions	g 2	og I		Key employee	8 8	Γ			organizations
	below datted	or director	nstitutional trustee		ုဒ	Highest compensated employee				
	line)	"	ਲ			ğ				
(15)	1									
(16)										
(17)		+			 		┢			
<u>*</u>		<u>'</u>								
(18)	1									
(40)	ļ	<u> </u>		_	<u> </u>	_				
(19)	 									
(20)		+-		\vdash	\vdash	<u> </u>				
	1									
(21)										
(22)	-	+	-							
	1									
(23)	_				İ		İ			
(24)		+-	├	-	┢	-				
1-7			ļ							
(25)	1									
1 b Sub-total	1		<u></u>	L	<u>L</u>	L		L	L	
c Total from continuation sheets to Part VII, Sect				• •	٠.		•	0.	0	. 0.
d Total (add lines 1b and 1c)							•	0.	0	
2 Total number of individuals (including but not limite	ed to those	liste	d ab	ove)) wh	o rec	eıve	d more than \$100,	000 of reportable o	ompensation
from the organization										Yes No
3 Did the organization list any former officer, director	r ortruste	e ke	v an	nolo	400	or he	ahe	st compensated er	nolovee	MAR MAN MAN
on line 1a? If 'Yes,' complete Schedule J for such								· · · · · · · · · · · ·		3 X
4 For any individual listed on line 1a, is the sum of re	eportable c	ompe	ensa	tion	and	othe	r co	mpensation from		
the organization and related organizations greater such individual			• •	res,	CON		# SC	;nedale J far · · · · · · · · · · ·		4 X
5 Did any person listed on line 1a receive or accrue										5 X
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	complete :	Scne	aule	J to	rsuc	сп ре	rsoi	1	· · · · · · · · · · · · · · · · · · ·	3 ^
Complete this table for your five highest compensation from the organization. Report compensation.	ated indepe	ender	nt co	ntra	ctor	s that	rec	eived more than \$	100,000 of	vear.
(A)	ensation	or tine	Calc	SIIU	11 ye	ai cii	lulliş	(B		(C)
Name and business add	ress							Description		Compensation
								ļ		
2 Total number of independent contractors (including	_	mited	to t	hose	e list	ed at	pove	e) who received mo	ore than	
\$100,000 of compensation from the organization	P 0	TEFF	0100	4.11	1640				G.	Form 990 (2016)
שאת		TEEA	0108	11/1	10/16					FUILII 330 (2010)

91-1799707

Page 8

Form 990 (2016) Fraternal Order of the Eagles Aerie 4174

		Check if Schedule O contains a r	espo	nse or note to any li	ne in this Part VIII.	<u></u>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts rts	1 a	Federated campaigns	1 a			-		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1 b	6,370.		, , , , , , , , , , , , , , , , , , ,	<u>,</u>	41
S. É	c	Fundraising events	1 c					
iii k	d	Related organizations	1 d		ı	1		, i
S, E	e	Government grants (contributions)	1 e					
8 2	, ا	All other contributions gifts grants and			٠, ،	الأجالية والمراجعة	1	
対象	·	All other contributions, gifts, grants, and similar amounts not included above	1 f				4.	" his ' .
풀页	و ا	Noncash contributions included in lines 1a-	1f. S	<u> </u>	•			
2 E	h	Total. Add lines 1a-1f			6,370.] , ,	
9				Business Code	0,3,0.			
ş	2 a	ı						
ã	t	,						
je		: - 				<u> </u>		
چ	d							
Program Service Revenue	e	,						<u> </u>
S.	f	All other program service revenue						
g.		Total. Add lines 2a-2f			 -	~ ,		-
	3	Investment income (including divide	ends	interest and				
		other similar amounts)						
	4	Income from investment of tax-exer	npt b	ond proceeds				
	5	Royalties						
		(ı) Rea	əl	(ii) Personal	10. 20.	7 TEP-827911	高 宣集 57	
	6 a	Gross rents						وري يا دري المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع الم مجارع المراجع
	,	Less: rental expenses					MARCHEL SECTION	
		Rental income or (loss)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			6.4
	ď	Net rental income or (loss)						
	7 a	Gross amount from sales of (i) Securi	ties	(ii) Other	<u>;</u>	17、13、18、19里	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		assets other than inventory			'		[14]	, , , , ,
	t	Less cost or other basis				1 3 2 1 by a 12 1/2	'	
		and sales expenses				,	ľ.	,
		Gain or (loss)					<u> </u>	
	C	Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·				
₽	8 a	Gross income from fundraising eve	nts		,	, 1	·	
evenue		(not including \$		1			,	
ě		of contributions reported on line 1c)					, ' -	
Other Re		See Part IV, line 18		a		9 11 11 12		
Ę		Less: direct expenses		p				
δ	C	Net income or (loss) from fundraising	ng ev	ents · · · · · ▶				
	9 a	Gross income from garning activitie	s.	_				<u> </u>
	Ι.	See Part IV, line 19		a 28,888.	,			
		Less: direct expenses		b 27,741.			ER-Charle	
	l	: Net income or (loss) from gaming a		les	1,147.	1,147.	0.	0.
	10 a	Gross sales of inventory, less returnand allowances	าร		·		\$4.5 m] , ,
	١,		• •	301,293.				
		 Less. cost of goods sold Net income or (loss) from sales of it 		b 156,550.				
	۳.	Miscellaneous Revenue	ivent	Business Code	144,743.	144,743.	0.	0.
	11 a			DUBINOSS CODE				
	t		- - -					
	ן '	<i></i>			-			
	ا ا	All other revenue						
		Total. Add lines 11a-11d	• •	<u> </u>		 	· · · · · · · · · · · · · · · · · · ·	<u> </u>
			• • •		4.5		<u> </u>	<u> </u>
	12	Total revenue. See instructions .		· · · · · · · · · •	152,260.	145,890.	0.	0.

Par	990 (2016) Fraternal Order of the Statement of Functional Expension				
	ion 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. All o	ther organizations must d	complete column (A).	
	Check if Schedule O contains a re-	sponse or note to any lin	e in this Part IX		
Do n 6b, 7	ot include amounts reported on lines lb, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,335.	1,335.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22			常意物。 ,	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			计 经图式 经 数 工程 图	
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	75,440.	8,298.	67,142.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	İ			
	Management				
t	Legal				
	: Accounting		410.	3,320.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17.		1,770 (0)	STEWN COLUMN	
	Investment management fees		<u> </u>		<u> </u>
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion				
13	Office expenses	1,273.	140.	1,133.	
14 15	Information technology				
16	Royalties		5,743.	46,469.	
17	Travel	52,212.	5,743.	40,409.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	$Interest \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots$				
21	Payments to affiliates	2,151.		2,151.	
22	Depreciation, depletion, and amortization				
23	Insurance	1,361.	150.	1,211.	
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.)				
i	See Stmt_2	19,787.	542.	19,245.	
		 		 	

16,618.

140,671.

157,289.

_		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	16,196.	1	20,196.
	2	Savings and temporary cash investments		2	
ł	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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		6	
\$	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	23,932.	8	22,756.
₹	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D			
	b	Less. accumulated depreciation 10b	67,000.	10 c	67,000.
	11	Investments — publicly traded secunties		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets	<u> </u>	14	
-	15	Other assets. See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	107,128.	16	109,952.
	17	Accounts payable and accrued expenses	2,653.	17	2,358.
	18	Grants payable		18	
)	19	Tax-exempt bond liabilities		20	
ß	20 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
3	22	Loans and other payables to current and former officers, directors, trustees,	フルデル連接があまりが過ぎ		COLUMN TO SERVE
Liabilities	22	key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	
	26	Total liabilities. Add lines 17 through 25	2,653.	26	2,358.
ဖ		Organizations that follow SFAS 117 (ASC 958), check here and complete		1	
ances		lines 27 through 29, and lines 33 and 34.	PER SALES SA		
	27	Unrestricted net assets		27	
83	28	Temporarily restricted net assets		28	
밁	29	Permanently restricted net assets		29	
Net Assets or Fund Bal		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds		30	ļ
28	31	Paid-in or capital surplus, or land, building, or equipment fund	67,000.	31	67,000.
Ϋ́	32	Retained earnings, endowment, accumulated income, or other funds	37,475.	32	40,594.
S S	33	Total net assets or fund balances	104,475.	33	107,594.
	34	Total liabilities and net assets/fund balances	107,128.	34	109,952.
BA.	A				Form 990 (2016)

Form 990 (2016) Fraternal Order of the Eagles Aerie 4174	91-1	799707		Pag	<u>e 12</u>
Part*XI¥ Reconciliation of Net Assets					_
Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>	Ш
1 Total revenue (must equal Part VIII, column (A), line 12)		1	15	2,26	<u> 50.</u>
2 Total expenses (must equal Part IX, column (A), line 25)		2	15	7,28	<u> 39.</u>
3 Revenue less expenses. Subtract line 2 from line 1		3		5,02	29.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	10	4,47	75.
5 Net unrealized gains (losses) on investments		5			
6 Donated services and use of facilities		6			
7 Investment expenses		7			=
8 Prior period adjustments	· · · · · [8			
9 Other changes in net assets or fund balances (explain in Schedule O)		9			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))		10	9	9,44	 16.
Part XIII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII		. 			П
			1	Yes	No
1 Accounting method used to prepare the Form 990. Cash X Accrual Other					
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		. .	2 a		<u> </u>
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	viewed on a				
b Were the organization's financial statements audited by an independent accountant?			2 b		Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	eparate				
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl review, or compilation of its financial statements and selection of an independent accountant?	nt of the audit		2 c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	n the Single		3 a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo th	e required au	dıt	1 1		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		
BAA			Form 9	990 (2	016)

	ernal Ord						<u>-1799</u>			Page 2
Partillia Organizations Mainta	ining Colle	ctions	of Art, Histo	rical	Treasures, or	Other Similar	Asse	ts (co	ontinu	ed)
3 Using the organization's acquisition items (check all that apply):	n, accession, a	nd other	records, check	any of	the following that a	re a significant us	e of its	collecti	on	
a Public exhibition			d Loan o	or exch	ange programs					
b Scholarly research			e Other							
c Preservation for future general			_							
4 Provide a description of the organi Part XIII.					-					
5 During the year, did the organization to be sold to raise funds rather tha	on solicit or rec	eive don	ations of art, his art of the organ	torical ization	treasures, or other 's collection?	similar assets	<u></u>	Yes		No
Escrow and Custodia line 9, or reported an a	mount on Fo	ents. (orm 99(), Part X, line	ne org	janization answ	ered Yes on	rorm :	990, F	art IV	'ı
1a is the organization an agent, truste on Form 990, Part X?					itions or other asse	ts not included	· · · [Yes		No
bif 'Yes,' explain the arrangement in	Part XIII and	complete	the following ta	ble						
. Bartantas I. I							<u> </u>	mount		
c Beginning balance										
d Additions during the year										
e Distributions during the year										
f Ending balance								1	—-	
2a Did the organization include an am b If Yes,' explain the arrangement in						•	_	_	<u> </u>	No
Particular and a second					187 1 5	000 5 101				
Rankvall Endowment Funds. C										
4. Danimaina of a substance	(a) Current	year	(b) Prior year		(c) Two years back	(d) Three years	s back	(e) F	our years	s back
1a Beginning of year balance						_				
b Contributions	<u> </u>									
c Net investment earnings, gains, and losses										
d Grants or scholarships										
e Other expenditures for facilities and programs			=======================================							
f Administrative expenses										
g End of year balance	<u> </u>					<u>l</u>		_		
2 Provide the estimated percentage	of the current y	year end	balance (line 1	g, colur	nn (a)) held as:					
a Board designated or quasi-endowi	ment 🟲		§							
b Permanent endowment -										
c Temporarily restricted endowment	-		_ % _							
The percentages on lines 2a, 2b, a	and 2c should	equal 100	0%.							
3a Are there endowment funds not in organization by:	the possession	n of the o	rganization tha	t are he	eld and administere	d for the		ſ	Yes	No
(i) unrelated organizations							1	3a(i)		
(ii) related organizations								3a(ii)		
b if 'Yes' on line 3a(ii), are the relate								3b		
4 Describe in Part XIII the intended										
Partivia Land, Buildings, and										
Complete if the organization			es' on Form	990. F	Part IV. line 11a	. See Form 99	90. Pa	rt X. lı	ne 10	Į.
Description of property						(c) Accumulate			Book va	
			or other basis estment)		Cost or other pasis (other)	depreciation		(u)	JOOK VE	1100
1a Land										
b Buildings										
c Leasehold improvements										
d Equipment									_	
e Other										
Total. Add lines 1a through 1e (Column			90, Part X. colu	mn (B)	, line 10c)					
BAA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				·			le D (F	orm 99	0) 2016

BAA

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.

Altach 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 Inspection

Employer identification number 91-1799707 Fraternal Order of the Eagles Aerie 4174 Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants а b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations Yes No b If Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity have custody or control of contributions? (or retained by) or entity (fundraiser) from activity fundraiser listed in organization column (i) Yes No 1 2 5 7 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Sche	dule	G (Form 990 or 990-EZ) 2016 Fratern. Fundraising Events. Complete if the	ne organization and	wered 'Yes' on Fori	m 990, Part IV, line	18, or reported
		more than \$15,000 of fundraising ev List events with gross receipts great	ent contributions a	and gross income or	Form 990-EZ, line	s 1 and 6b.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
R			(event type)	(ovent type)	(total number)	through Column (C))
RE>E20E	1	Gross receipts				
Ę	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
ECT	7	Food and beverages				
E X	8	Entertainment	*			
EXPENSES	9	Other direct expenses				
E S	40					
	10 11	Net income summary Subtract line 10 from				
Pär	tilli	Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.	on answered 'Yes'	on Form 990, Part I	V, line 19, or report	ed more than
		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	(h) Bull tahafinatant	<u> </u>	(d) Total gaming
ポモンモン			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(add column (a) through column (c))
N U E	1	Gross revenue				
£		Cash prizes				
DIRECT	3	Noncash prizes		ļ		
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes 8	Yes %	Yes 8	
	7	Direct expense summary. Add lines 2 throu	igh 5 in column (d)	. <i></i>		
	8	Net gaming income summary. Subtract line	7 from line 1 column ((d)		•
		Het garring moonie summary. Oubtract inc	, 7 Horr line 1, column ((3)		<u> </u>
	a Ist	ter the state(s) in which the organization cond he organization licensed to conduct gaming a		Alaska e states?		X Yes No
	b If 'N	No,' explain.				
		ere any of the organization's gaming licenses Yes,' explain		terminated during the tax		·· Yes XNo
BAA	١.		TEEA3702	09/23/16	Schedule G (F	orm 990 or 990-EZ) 2016

Sche	dule G (Form 990 or 990-EZ) 2016	Fraternal	Order of	the Eagles Ae	rie 4174	91-179970	7	Page 3
	Does the organization conduct gar						Yes	No
12	Is the organization a grantor, bene administer charitable gaming?					d to	Yes	XNo
13	Indicate the percentage of gaming	activity conducted	ın;			1 1		
	The organization's facility					13a		*
b	An outside facility					13b		8
14	Enter the name and address of the	e person who prepa	res the organiza	tion's gaming/special	events books and re-	cords.		
	Name •							
	Address							
15 a	Does the organization have a conf	tract with a third par	ty from whom th	e organization receive	es gaming revenue?		Yes	∏No
	If 'Yes,' enter the amount of gamir			-		_		ш.
	of gaming revenue retained by the	third party	\$					
C	If 'Yes,' enter name and address of							
	Nama b							
	Name -							
	Address							ا اـ ـ ـ ـ ـ ـ
16	Gaming manager information:							
	Name •							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employee		Independent cont	ractor			
17	Mandatory distributions							
í	Is the organization required under state gaming license?	state law to make o	charitable distrib	utions from the gamir	g proceeds to retain	the[Yes	No
i	Enter the amount of distributions i	•		outed to other exempt	organizations or spe	nt in the		
	organization's own exempt activiti			ione required by [Oort Liling Ob. gol	(umps (iii) and	4700	
I Kal	Supplemental Informand Part III, lines 9, 9	b, 10b, 15b, 15c	:, 16, and 17t	o, as applicable. A	lso provide any	additional	u (v),	
	information. See instr	uctions	•					

TEEA3703 09/23/16

BAA

Schedule G (Form 990 or 990-EZ) 2016

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.

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2016

Openito Public Inspection

Employer Identification number

Fraternal Order	of the Eagles Aerie 4174	91-1799707
Pt VI, Line 6	Originally the Fraternal Order of Eagles AERIE 4174 was established by Charter Membership. Al new members have to be sponsored by two current members in good standing. New members are presto the general membership in two separate meeti and are approved by majority vote of the general membership	ented ngs
Pt VI, Line 7a	Officers are nominated by general membership an elected by majority vote	d
Pt VI, Line 7b	All approvals are obtained by majority vote of general membership	the
Pt VI, Line 11b	The 990 is prepared by the accountant and revie by the finance committee prior to filing. The Organization will make documents available to t public upon request	