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Change of Accounting Period

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

Open to Public
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-EZ and its instructions is at www.irs.gov/form990.

1705

A For the 2016 calendar year, or tax year beginning **July 1**, **, 2016, and ending** **May 31**, **, 20** **17**

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

Fraternal Order of Eagles

Number and street (or P.O. box, if mail is not delivered to street address)

PO Box 963

City or town, state or province, country, and ZIP or foreign postal code

Lincoln City, OR 97367-0963

D Employer identification number

93-092692

E Telephone number

93-092692

G Accounting Method. Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (8) ◀ (insert no) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$

H Check ► if the organization is not

required to attach Schedule B ►

(Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ►

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	18,181
	2 Program service revenue including government fees and contracts	2	
5a	3 Membership dues and assessments	3	5,588
	4 Investment income	4	39
6	5a Gross amount from sale of assets other than inventory	5a	2,379
	b Less, cost or other basis and sales expenses	5b	
7a	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	2,379
	6 Gaming and fundraising events		
7b	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	2,100
8	c Less: direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,100
9	7a Gross sales of inventory, less returns and allowances	7a	56,126
	b Less: cost of goods sold	7b	21,111
10	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	35,015
	8 Other revenue (describe in Schedule O)	8	6,715
11	9 Total revenue. Add lines 1-2, 3, 4, 5c, 6d, 7c, 8, and 9	9	70,017
		10	11,728
Expenses	10 Grants and similar amounts paid (list in Schedule O)	11	5,535
	11 Benefits paid to or for members	12	
12	12 Salaries, other compensation, and employee benefits	13	3,490
	13 Professional fees and other payments to independent contractors	14	18,004
14	14 Occupancy, rent, utilities, and maintenance	15	1,347
	15 Printing, publications, postage, and shipping	16	11,050
16	16 Other expenses (describe in Schedule O)	17	51,154
	17 Total expenses. Add lines 10 through 16	18	18,863
18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	371,599
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	645
20	20 Other changes in net assets or fund balances (explain in Schedule O)	21	391,107
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2016)

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	90,246	22
23	Land and buildings	280,000	23
24	Other assets (describe in Schedule O)	2,112	24
25	Total assets	372,358	25
26	Total liabilities (describe in Schedule O)	759	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	371,599	27
			391,107

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Support charities and those in need

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Christmas Basket Project - Fundraising to provide food, toiletries, clothing and toys to needy families and individuals in and around Lincoln City, Oregon at Christmas time. Volunteer time is utilized to collect donations of food stuffs and cash, wrap presents, and assemble and deliver the "baskets".

(Grants \$) If this amount includes foreign grants, check here ►

29 Scholarships - Fundraising to provide \$1,000 towards the higher education and/or career training of Lincoln City, Oregon, high school graduates. Two students were awarded a scholarship

(Grants \$) If this amount includes foreign grants, check here ►

30 President's Project - Fundraising to provide support for homeless veterans living in Lincoln County, Oregon. Funds were equally divided between the Oregon Coast Veterans Association and the US Department of Veterans Affairs Stand Down program, providing food, shelter, clothing, health screenings and counseling.

(Grants \$) If this amount includes foreign grants, check here ►

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ►

32 **Total program service expenses** (add lines 28a through 31a)

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

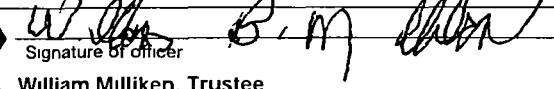
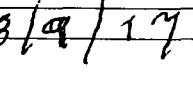
Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Charlene McCormick	8	0	0	0
Worthy President	4	0	0	0
Grace Huppert	4	0	0	0
Worthy Vice President	16	580	0	0
Dave Randleman	2	0	0	0
Worthy Chaplain	15	0	0	0
Steven Martino	15	0	0	0
Worthy Secretary	15	0	0	0
Worthy Conductor	15	0	0	0
Ken Echols	15	0	0	0
William Milliken	15	0	0	0
Trustee	15	0	0	0
Greg Jones	15	0	0	0
Tustee	15	0	0	0
Mike Jones	15	0	0	0
Trustee	15	0	0	0
Mike O'Brien	15	0	0	0
Trustee	15	0	0	0
Mike Sprague	15	0	0	0
Trustee	15	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	0
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	40b	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ►		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Greg Jones Telephone no. ► Located at ► PO Box 963, Lincoln City, OR ZIP + 4 ► 97367-0963	42b	✓
b 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)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	44a	✓
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44c	✓
c Did the organization receive any payments for indoor tanning services during the year?	44d	
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	45a	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45b	✓
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No																																														
		46	✓																																														
Part VI Section 501(c)(3) organizations only																																																	
All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.																																																	
Check if the organization used Schedule O to respond to any question in this Part VI <input type="checkbox"/>																																																	
47	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	Yes	No																																														
		47	?																																														
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	No																																														
		48	?																																														
49a	Did the organization make any transfers to an exempt non-charitable related organization?	Yes	No																																														
b	If "Yes," was the related organization a section 527 organization?	Yes	No																																														
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	Yes	No																																														
		49a	?																																														
		49b	?																																														
<table border="1"> <thead> <tr> <th>(a) Name and title of each employee</th> <th>(b) Average hours per week devoted to position</th> <th>(c) Reportable compensation (Form W-2/1099-MISC)</th> <th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th> <th>(e) Estimated amount of other compensation</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation																																								
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f	Total number of other employees paid over \$100,000 ►																																																
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	Yes	No																																														
<table border="1"> <thead> <tr> <th>(a) Name and business address of each independent contractor</th> <th>(b) Type of service</th> <th>(c) Compensation</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation																																										
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation																																															
d	Total number of other independent contractors each receiving over \$100,000 ►																																																
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	Yes	No																																														
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.																																																	
Sign Here ?	 Signature of officer		Date 																																														
	William Milliken, Trustee																																																
	Type or print name and title																																																
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed																																													
	Firm's name ►			Firm's EIN ►																																													
	Firm's address ►			Phone no.																																													
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input type="checkbox"/> No																																																	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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

2016Open to Public
InspectionName of the organization
Fraternal Order of EaglesEmployer identification number
93-0926922**1 Description of other revenue (Part I, line 8)**

Description	Amount
ATM Commissions	28
Bank Charge Refund	15
Building Use Fees	250
Commissions from Oregon Lottery	6,168
RV Parking Fees	254

2 Listing of grants and similar amounts paid (Part I, line 10)

Description	Amount
Baptist Mexican orphanage project	200
Lutheran Thanksgiving basket program	100
Future Farmers of America	273
Christmas basket program	6,760
Oregon Coast Veterans Association	895
Worthy Grand President's project - Lupus	100
Scholarship awards	2,000
Worthy State President's project - Maslow Project	200
State Madam President's project	200
Taft High School Culinary Arts Program	700
Taft High School 7-12 Music Program	300

Name of the organization

Fraternal Order of Eagles

Employer identification number

93-0926922

3. Description of other expenses (Part I, line 16)

Description	Amount
Advertising and Promotion	192
Business License	50
Dues and Per Capita	1,693
Insurance	4,765
Office Expense	1,500
Oregon Lottery Expenses	2,524
Other Licenses and Permits	313
Uncollected NSF check	13

4. Description of other changes in net assets or fund balances (Part I, line 20)

Description	Amount
Accumulated accounting accrual adjustments	645

5. Description of other assets (Part II, line 24)

Category	Beginning of year	End of year
Equipment	1,474	42,332
Furniture	638	12,347

6. Description of total liabilities (Part II, line 26)

Category	Beginning of year	End of year
Accounts Payable	759	1
Refundable Deposits	0	50

7. Description of other program services (Part III, line 31)

Baptist Mexican orphanage project, Lutheran Thanksgiving basket program, Future Farmers of America, Worthy Grand President's project (Lupus), Worthy State President's project (Maslow Project), State Madam President's project, Taft High School programs