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SCANNED AUG 0 9 2017

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning 2016, and ending December 31 January 1 D Employer identification number C Name of organization Fraternal Order of Eagles Aerie 2817 Check if applicable Doing business as 93-0404799 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 541-265-2430 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Amended return Newport, OR 97365 F Name and address of principal officer David J Dock (541) 336-1231 H(a) Is this a group return for subordinates? Yes Vo No Application pending 1332 Hidden Valley Rd Toledo, OR 97391 H(b) Are all subordinates included? Yes Vo If "No," attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or **☑** 501(c) (Tax-exempt status 501(c)(3) Website: ▶ H(c) Group exemption number ▶ ✓ Association Other ► Form of organization Corporation Trust M State of legal domicile Part i Summary Briefly describe the organization's mission or most significant activities. To unite fraternally for mutual benefit, protection, improvement, social enjoyment and association. To promote and raise funds for duly authorized charities and contribute to Activities & Governance worthwhile causes. Activities include HS senior scholarships and supporting local cancer, heart disease and diabetes funds. Check this box ▶☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 116 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 50 7a Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h). 5720 Revenue Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 45065 33373 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 50357 39093 13 Grants and similar amounts paid (Part) X column (A), lines 1-3) Benefits paid to or for members (Part-1x, column (A) line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Professional fundraising fees (Bart IX, column (A), lines 5–10) 15 235 16a Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A) (Thes 11a-11d, 111-24e) 17 51826 33556 Total expenses. Add lines 13-17 (must equal Part X, column (A), line 25) 18 51826 33556 19 Revenue less expenses. Subtract line 18 from line 12 5537 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 1013450 1018987 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 1013450 1018987 Signature Block 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 Paid self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2016)



	90 (2016)				Page Z
Part		ent of Program Service	Accomplishments esponse or note to any line in this P	art III	П
1		be the organization's mission		artiii	<u> </u>
					·
2	Did the organ	ization undertake any sign	ificant program services during the ye	ar which were not listed on the	
					☐ Yes ☐ No
		ribe these new services on			
3		nization cease conducting	g, or make significant changes in h		
					☐ Yes ☐ No
4			vice accomplishments for each of its	three largest program services.	as measured by
•			4) organizations are required to repor		
	the total expe	nses, and revenue, if any, f	or each program service reported.		
4a	(Code.) (Expenses \$	ıncluding grants of \$) (Hevenue \$)

4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
) (D	
4c	(Code:) (Expenses \$	including grants of \$) (Hevenue \$)

		•			
	O#	(5)	-11-0)		
4d	Other program (Expenses \$	n services (Describe in Sch including gr		¢ \	
4e		service expenses	anto or the service	<u> </u>	

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		/
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		√
đ	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		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		√
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	_	✓
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		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
19 	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	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		✓
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		\
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	,		
	employees? If "Yes," complete Schedule J	23		✓
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	i I		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	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		✓
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			1
		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		l	
	disqualified persons? If "Yes," complete Schedule L, Part II	200		✓
27		26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		ŀ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Ì	✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		✓_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			_
	Part I	31		✓_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		✓_
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	00	ľ	,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		<u>✓</u>
0-	or IV, and Part V, line 1	34		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	+	<u>✓</u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		<u> </u>
_	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	555		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
	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,	1		
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38		✓_

Par	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			. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1	<u>,</u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>, </u>]	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
0-	reportable gaming (gambling) winnings to prize winners?	1c		1
2a				-
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2a 2a 2a 2a 2a 2a 2a	4 .		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	2-		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		•
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		}	
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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		- 1	
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			_
-	gifts were not tax deductible?	6b		<u> </u>
7 a	Organizations that may receive deductible contributions under section 170(c).	1 1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	_		,
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	/6	∤	<u> </u>
-	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	· · ·		<u></u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		√
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		✓_
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓_
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
<u> b </u>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:	H		
	Gross income from members or shareholders		1	
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			,
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		\vdash	•
	Section 501(c)(29) qualified nonprofit health insurance issuers.		- 1	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
	Note. See the instructions for additional information the organization must report on Schedule O.	$\overline{}$		
	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		- 1	,
	Enter the amount of reserves on hand			'
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>√</u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	[<u>√</u>
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Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI	· ·	<u> </u>	<u>. </u>
Sect	tion A. Governing Body and Management			1
			Yes	No
1a	J	-	Ì	
	If there are material differences in voting rights among members of the governing body, or	1	İ	1
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1	Į .	
b		-	ļ	l
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?		1	l
3	Did the organization delegate control over management duties customarily performed by or under the direct	2	✓ _	
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	i	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	1	-
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	 	-	
	one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	· · ·	 	<u> </u>
_	stockholders, or persons other than the governing body?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	·	<u> </u>	
	the year by the following:	}		1
а	The governing body?	8a	✓	1
b	Each committee with authority to act on behalf of the governing body?	8b	1	†
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		1
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	✓	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ļ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	<u> </u>
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			١,
40	describe in Schedule O how this was done	12c		✓
13	Did the organization have a written whistleblower policy?	13	/	<u> </u>
14 15	Did the organization have a written document retention and destruction policy?	14	✓	
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15a		-
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	-05		
16a	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		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
_	organization's exempt status with respect to such arrangements?	16b	ĺ	✓
Secti	on C. Disclosure	<u>`</u>		
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oregon			
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)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ 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 interesting the conflict of interes	erest p	oolicy	, 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 rec	cords	>	
	Secretary - Rebecca Dock 1332 Hidden Valley Rd Toledo, OR 97391 (541) 336-1231			

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Part VII	Compensation of Officers, D	Pirectors, Trustees, K	(ey Employees,	Highest Compens	sated Employees	, and
	Independent Contractors		-			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order, individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	anız	atic	on c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, of lindividual	unles	Pos neck ss pe	erson	than of the state	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		lee	ustee			ensated				
(1) Open	0									
Past Worthy President			Ш	✓				0	0	0
(2) David Dock	3									
Worthy President	 	✓		✓				0	0	0
(3) Micheal Kerns	2			,						
Worthy Vice President	ļ		<u> </u>	✓	-			0	0	0
(4) Jim Sweeden Worthy Chaplain	2			/				_		
/ <u>F</u> \ 0	0			•				0	0	0
Worthy Conductor	···			/				0	0	0
(6) Rebecca Dock	5									
Secretary				1				0	o	235
(7) Leo Schultz	2									
Treasurer	[✓				o	o	0
(8) David Williams	1									
Inside Guard				7				0	0	0
(9) Mike Smith	3									
Trustee		✓						o	o	0
(10) David Luckini	3									
Trustee		✓			1			o	o	0
(11) Arlen Phillips	3		\neg							
Trustee		✓	ŀ					0	0.	0
(12) Larry Twidwell	3									
Trustee		✓						0	0	0
(13)										
(14)			\dashv	\dashv						
X.7	 		1	ĺ		j	i			

Par	t VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee:			lighe	st C	ompensated E	mployees (d	ontin	nued)		
	40	(5)			•	C) sition			(5)	/m			(D	
	(A) Name and title	(B) Average			neck	more	e than o		(D) Reportable	(E) Reportable		Ec:	(F) timated	
	Name and title	hours per	office				is both or/trus		compensation	compensation	1		ount of	
		week (list any hours for	,			ξey	,	·	from the	related organization	ns		other pensatio	on
		related	dire	营	Officer	y en	phes	Former	organization	(W-2/1099-M		fro	om the	
		organizations below dotted	함	Institutional		employee	e co	¬	(W-2/1099-MISC)				anızatıcı Frelatec	
		line)	Individual trustee or director	trustee		èe	nper	ŀ		İ	J		nızatıor	
			%	stee			Highest compensated employee				ĺ			
(15)				ļ ,		-	-	i						
(16)											\dashv			
					_			ļ						
(17)														
(18)														
(19)														
(20)											\dashv			
(21)											\dashv			
(22)														
(23)														
(24)											\dashv			
(25)											\dashv			
1b	Sub-total							_	0		0			235
c	Total from continuation sheets to Part	VII, Section							0		0			0
d	Total (add lines 1b and 1c)						I	▶	0		0			235
2	Total number of individuals (including but reportable compensation from the organization)	not limited					bove) wl	no received mo	ore than \$10	0,000	0 of	•	
													Yes	No
3	Did the organization list any former off employee on line 1a? If "Yes," complete S							mp	loyee, or high	est compen	sated	d 3	, ,	,
4	For any individual listed on line 1a, is the							nar	nd other comp	ensation fro	m th		1745	-
	organization and related organizations												100	,
	ındıvıdual		•									4		✓
5	Did any person listed on line 1a receive or for services rendered to the organization?												- '	
Section	on B. Independent Contractors	11 163, 00	υπριε	216 3	SCIII	eau	ie J ic	JI SI		· · · ·	<u> </u>	5		✓
1	Complete this table for your five highest of	ompensate	ed ind	epe	nde	ent o	contra	ecto	rs that receive	d more than	\$10	0 000 of		
	compensation from the organization. Representation of the organization of the organiza	ort comper	nsatio	n fo	r th	e ca	alenda	ar y	ear ending with	or within th	ne or	ganızatio	on's ta	ЗХ
	(A) Name and business addr	ess							(B) Description of se	muces		(C) Compens	ation	
None														
	Total number of independent contractor	e (includes	a but	no	+ 10	mito	nd to	the	see listed ab-	vo) who		K S 4 /		
2	received more than \$100,000 of compensa							u IC	os nsieu abo	ve) wild	, /1	; ,		i

Form **990** (2016)

Par	t VIII	Statement of Revenue	<u>. </u>			
		Check if Schedule O contains a response or note				
1		•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a			 	
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues 1b 5220				
s, G	С	Fundraising events 1c	1			
ar /	d	Related organizations 1d	1			
S, E	е	Government grants (contributions) 1e]			1
tion	f	All other contributions, gifts, grants,]			
ib d		and similar amounts not included above 1f 500				
a de	g	Noncash contributions included in lines 1a-1f \$]			
<u>8</u>	h	Total. Add lines 1a–1f	5720			
Ę		Business Code	<u> </u>			1
ever	2a					
ĕ	b					
<u>Ş</u> .	С					
Se	d					
Program Service Revenue	e	All other program convey revenue	 		<u> </u>	ļ
rog	f	All other program service revenue . Total. Add lines 2a-2f				<u> </u>
	3 3	Investment income (including dividends, interest,	 			1
	"	and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
	•	(i) Real (ii) Personal				
	6a	Gross rents	[
	ь	Less: rental expenses	1			
	С	Rental income or (loss)	1			
	d	Net rental income or (loss) ▶	[
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory]			
	b	Less. cost or other basis]			
		and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)				
ne						
	8a	Gross income from fundraising events (not including \$ 200				
ě				ļ		
r.		of contributions reported on line 1c). See Part IV, line 18 a				
Other Reve	.					
Ō		Less. direct expenses b 100 Net income or (loss) from fundraising events . ►	400	ļ		
		Gross income from gaming activities	100			
		See Part IV, line 19 a 69,218				
	b	Less: direct expenses b 60,369				
		Net income or (loss) from gaming activities ►	8,849	8,849		1
		Gross sales of inventory, less		5,5.0		
		returns and allowances a 62,466				
	b	Less: cost of goods sold b 38,042		Ì		
ļ		Net income or (loss) from sales of inventory	24,424	24,424		_
Ī		Miscellaneous Revenue Business Code				
İ	11a					
l	b					
	C					
	d	All other revenue				
j	e	Total. Add lines 11a–11d				
	12	Total revenue. See instructions ▶	39 093	33 273	-	

Part IX Statement of Functional Expense

23 Insurance	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).						
Grains and other assistance to domestic organizations and domestic governments. See Part IV, line 21 130							
and domestic governments. See Part IV, line 22 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits pand to or for members Compensation of current officers, directors, trustees, and key employees Compensation included above, to disqualified persons as deficial deficial persons described in section 4958(fill) and persons described in section 4958(fill) and persons described in section 4958(fill) and persons described in section 4958(fill) and persons described in section 4958(fill) and persons described in section 4958(fill) and persons described in section 4958(fill) and persons described in section 4958(fill) and persons described in section 4958(fill) and persons described in section 4958(fill) and persons described in section 4958(fill) and persons described in section 4958(fill) and persons described in section 4958(fill) and persons described in section 4958(fill) and persons described in section 4958(fill) and persons described in section 4958(fill) and persons described in section 4958(fill) and persons described in section 4958(fill) and persons 4958(fill) and 495			(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising	
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. 4 Benefits part to or for members 5 Compensation of current officers, directors, trustess, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(ii)) and persons described in section 4958(f)(iii) and persons described in section 4958(f) and persons described in a section 4958(f) and persons described in a sec	1						
individuals. See Part IV, Ine 22 Grants and other assistance to foreign organizations, foreign queries and foreign individuals. See Part IV, Ines 15 and 16 Benefits paid to or for members Compensation of ourrent officers, directors, trustees, and key employees Compensation individual above, to disqualified persons (as defined under section 4959(i/i) and persons described in section 4959(i/i) and persons described in section 4959(i/i) and persons described in section 4959(i/i) and persons described in section 4959(i/i) and persons described in section 4959(i/i) and persons described in section 4959(i/i) and persons described in section 4959(i/i) and persons described in section 4959(i/i) and persons described in section 4959(i/i) and persons described in section 4959(i/i) and persons described in section 4959(i/i) and persons described in section 4959(i/i) and persons described in section 4959(i/i) and persons described in section 4959(i/i) and persons described in section 4959(i/i) and persons described in section 4959(i/i) and persons			130	130			
3 Grants and other assistance to foreign organizations, foreign operaments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation or current officers, directors, trustees, and key employees Compensation or current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, and was expensed to the current officers of the current officers of the current officers of the current officers of the current officers of the current officers of the current officers of the current officers of the current officers of the current officers of the current officers of the current officers of the current officers of the current of the current officers of the current of the curren	2						
organzations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disequalited persons (as defined under section 4958(f(1)) and persons described in section 4958(f(1)) and persons and another 4958(f(1)) and persons and another 4958(f(1)) and persons and another 4958(f(1)) and persons and another 4958(f(1)) and persons and another 49		ındıvıduals. See Part IV, line 22	1000	1000			
Individuals. See Part IV, lines 15 and 16 Individuals. See Part IV, lines 15 and 16 Individuals. See Part IV, lines 15 and 16 Individuals. See Part IV, lines 15 and 16 Individuals. See Part IV, lines 15 and 16 Individuals. See Part IV, lines 17 Individuals	3					1	
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(C)(18) and persons described in section 4958(C)(18) and persons described in section 4958(C)(18) and persons described in section 4958(C)(18) and persons described in section 4958(C)(18) and persons described in section 4958(C)(18) and persons described in section 4958(C)(18) and 493(E) employer contributions (include section 4918) and 493(E) employer contributions) 9 Other employee benefits						1	
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(n)(f)) and persons described in section 4958(n)(f)) and persons described in section 4958(n)(f)) and persons described in section 4958(n)(f)) and persons described in section 4958(n)(f)) and persons described in section 4958(n)(f)) and persons (as defined under section 4958(n)(f)) and persons (as defined under section 4958(n)(f)) and control of the employee benefits and contributions (include section 401(f), and 403(b) employer contributions) 9 Other employee benefits		·					
trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(f)) and persons described in section 4958(f)(f)) and persons described in section 4958(f)(f)) and persons described in section 4958(f)(g)(g)(g). Person plan accruals and contributions (include section 4016(f) and 403(b) employer contributions) Other employee benefits. Payroll taxes. Accounting.							
6 Compensation not included above, to discusalified persons (as defined under section 4958(h)(f)) and persons (as defined under section 4958(h)(f)) and persons (as defined under section 4958(h)(f)) and persons described in section 4958(h)(f)) and persons described in section 4958(h)(f)(f) and 495(h) employer contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 401(k) and 401(k) and 401(k) and 401(k) and 401(k) and 401(k) and 401(k) and 401(k) and 401(k) and 401(k) and 401(k) and 401(k) and 401(k) and 401(k) and 401(k) and 401(k) and 401(k) and	5						
persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(8) . 7 Other salaries and wages	_	* * *					
persons described in section 4958(c)(3)(B)	6						
7 Other salanes and wages 8 Persion plan acoruals and contributions (include section 40 (k) and 40 (t)) employer contributions) 9 Other employee benefits		• • • • • • • • • • • • • • • • • • • •			İ		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits	_						
section 401(k) and 403(b) employer contributions) Other employee benefits			235		235		
9 Other employee benefits	0						
10	a			-			
11 Fees for services (non-employees): a Management							
a Management 7300 7300 b Legal		*					
b Legal c Accounting			7300		7300		
C Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 13 Office expenses 2067 14 Information technology 15 Royalties 16 Occupancy 15,193 15	_	<u> </u>	7300		7300		
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 2 Advertising and promotion 3 Office expenses 2067 2067 216 Information technology 217 218 Royalties 219 Royalties 210 Conferences, conventions, and meetings linterest 210 Payments of travel or entertainment expenses for any federal, state, or local public officials 210 Conferences, conventions, and meetings linterest 211 Payments to affiliates 212 Depreciation, depletion, and amortization linsurance. 213 Insurance. 214 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.) 21 Per Capita Tax to Grand Aerie. 21 Per Capita Tax to State Aerie. 22 Depreciation, of State Aerie. 23 State Office expenses and and Liquor Licenses. 24 Other expenses Correction (Misc). 25 Total functional expenses. Add lines 1 through 24e and fundraising solicitation, Check here Point for the state of the program and fundraising solicitation, Check here Point for the state of the program and fundraising solicitation, Check here Point for the state of the program and fundraising solicitation, Check here Point for the state of the program and fundraising solicitation, Check here Point for the state of the program and fundraising solicitation, Check here Point for the state of the program and the program and fundraising solicitation. Check here Point for the program and the program and the program and the program and the program and fundraising solicitation, Check here Point for the program and the pro		· · · · · · · · · · · · · · · · · · ·	260		260		
f Investment management fees g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 17g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses 2067 2068 2069	d	_				.	
Q Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	e	Professional fundraising services. See Part IV, line 17					
(A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	f	Investment management fees					
12 Advertising and promotion	g						
13		(A) amount, list line 11g expenses on Schedule O)					
14 Information technology	12	Advertising and promotion					
15 Royalties	13	Office expenses	2067		2067		
16 Occupancy		9,					
17 Travel		· ·					
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.) a Per Capita Tax to Grand Aerie b Per Capita Tax to State Aerie Coregon Business and and Liquor Licenses d All other expenses. Correction (Misc) Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here							
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance			205		205		
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance	10						
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance	10	· · ·	-				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance		_ _				· · · · · · · · · · · · · · · · · ·	
Depreciation, depletion, and amortization Insurance		-					
23 Insurance	22	•					
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.) a Per Capita Tax to Grand Aerie b Per Capita Tax to State Aerie c Oregon Business and and Liquor Licenses d All other expenses Correction (Misc) a All other expenses Correction (Misc) Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	23		4751		4751		
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Per Capita Tax to Grand Aerie 1520 1520 b Per Capita Tax to State Aerie 506 506 c Oregon Business and and Liquor Licenses 253 253 d 253 253 d 25 Total functional expenses. Add lines 1 through 24e 33,556 1130 32,426 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	24						
(A) amount, list line 24e expenses on Schedule O.) a Per Capita Tax to Grand Aerie 1520 1520 b Per Capita Tax to State Aerie 506 506 c Oregon Business and and Liquor Licenses 253 253 d 253 253 e All other expenses Correction (Misc) 136 136 25 Total functional expenses. Add lines 1 through 24e 33,556 1130 32,426 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if							
a Per Capita Tax to Grand Aerie 1520 1520 b Per Capita Tax to State Aerie 506 506 c Oregon Business and and Liquor Licenses 253 253 d 253 d 253 e All other expenses Correction (Misc) 136 136 25 Total functional expenses. Add lines 1 through 24e 33,556 1130 32,426 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if						,	
b Per Capita Tax to State Aerie 506 506 c Oregon Business and and Liquor Licenses 253 253 d 253 e All other expenses Correction (Misc) 136 136 25 Total functional expenses. Add lines 1 through 24e 33,556 1130 32,426 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Image Information Inform		(A) amount, list line 24e expenses on Schedule O.)					
c Oregon Business and and Liquor Licenses 253 253 d	а	Per Capita Tax to Grand Aerie	1520		1520		
d e All other expenses Correction (Misc) Total functional expenses. Add lines 1 through 24e 33,556 1130 32,426 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here			·				
e All other expenses Correction (Misc) 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if		Oregon Business and and Liquor Licenses	253		253		
25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the - organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if							
26 Joint costs. Complete this line only if the - organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if							
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if			33,556	1130	32,426		
from a combined educational campaign and fundraising solicitation. Check here ▶ □ if	20	organization reported in column (B) joint costs			ļ		
following SOP 98-2 (ASC 958-720)		from a combined educational campaign and					
		following SOP 98-2 (ASC 958-720)					

	art X	Balance Sheet				
		Check if Schedule O contains a response o	r note to any line in this l	Part X	<u> </u>	. <u></u> 🔲
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		10,850	1	16,387
	2	Savings and temporary cash investments			2	
	3				3	
	4				4	
	5	Loans and other receivables from current and	former officers, directors,			
		trustees, key employees, and highest co Complete Part II of Schedule L	ompensated employees		5	
	6	Loans and other receivables from other disqualified pers			3	
		4958(f)(1)), persons described in section 4958(c)(3)(B), as sponsoring organizations of section 501(c)(9) volume				
10		organizations (see instructions). Complete Part II of Sche			6	
Assets	7	Notes and loans receivable, net			7	
Asi	8	Inventories for sale or use		2600	8	2600
	9	Prepaid expenses and deferred charges .			9	
	10a	Land, buildings, and equipment cost or			 	
		other basis. Complete Part VI of Schedule D	10a 1,000,00	00	1	£
	ь	Less: accumulated depreciation	10b	1,000,000	10c	1,000,000
	11			1,000,000	11	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	12	Investments—other securities. See Part IV, line			12	
	13	Investments-program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	<u> </u>			15	
	16	Total assets. Add lines 1 through 15 (must equa		1,013,450	16	1,018,987
	17				17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D .		21	
Se	22	Loans and other payables to current and for				
Liabilities		trustees, key employees, highest compen	İ			
ap		disqualified persons. Complete Part II of Schedu			22	
	23	Secured mortgages and notes payable to unrela	3681	23	0	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, i				
		parties, and other liabilities not included on lines				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	· · · · · · · · · · · · · · · · · · ·	3681	26	0
ses		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and		ا		,
ĕ	27	Unrestricted net assets			27	
33	28	Temporarily restricted net assets			28	
ᅙ	29				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34.	8), check here ► 📝 and			
ts o	30	Capital stock or trust principal, or current funds			30	
Sse	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
۲	32	Retained earnings, endowment, accumulated inc			32	
Ş.	33	Total net assets or fund balances		1,013,450	33	1,018,987
	34	Total liabilities and net assets/fund balances .	<u> </u>	1,009,769	34	1,018,987
						Form 990 (2016)

Form 9	990 (2016)		F	age 12
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)			39,093
2	Total expenses (must equal Part IX, column (A), line 25)			33,556
3	Revenue less expenses. Subtract line 2 from line 1			5,537
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		1,0	13,450
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		1,0	18,987
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			
	If the organization changed its method of accounting from a prior year or checked "Other," explain	in		
	Schedule O.	1	1	}
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 22	• L	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled of	or ,		
	reviewed on a separate basis, consolidated basis, or both:	,	1	
	Separate basis Consolidated basis Both consolidated and separate basis	1	- 1	1
b	Were the organization's financial statements audited by an independent accountant?	. 2t	,]	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	а 🗀		
,	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl		ļ	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	~	:	1
	If the organization changed either its oversight process or selection process during the tax year, explain	ın 🗀		
	Schedule O			i '
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	n		
	the Single Audit Act and OMB Circular A-133?	. 3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	е		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	.	/

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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

OMB No 1545-0047

Name	of the organization	Employer identification number			
	rnal Order of Eagles Aerie 817	93-0404799			
Pa	Organizations Maintaining Donor Advised Funds or Other Similar F				
	Complete if the organization answered "Yes" on Form 990, Part IV, line	· · · · · · · · · · · · · · · · · · ·			
	(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 advisors in writing that the assets				
_	funds are the organization's property, subject to the organization's exclusive legal con				
6	Did the organization inform all grantees, donors, and donor advisors in writing that g				
	only for charitable purposes and not for the benefit of the donor or donor advisor, or conferring impermissible private benefit?				
Dai	rt II Conservation Easements.	· · · · · · · · Yes No			
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line	7			
1	Purpose(s) of conservation easements held by the organization (check all that apply).	7.			
•	Preservation of land for public use (e.g., recreation or education) Preservation	of a historically important land area			
	_	of a certified historic structure			
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	tion in the form of a conservation			
	easement on the last day of the tax year.	Held at the End of the Tax Year			
а	Total number of conservation easements	2a			
b	Total acreage restricted by conservation easements	2b			
C	Number of conservation easements on a certified historic structure included in (a) .	2c			
d	Number of conservation easements included in (c) acquired after 8/17/06, and no	t on a			
	historic structure listed in the National Register	· · 2d			
3	Number of conservation easements modified, transferred, released, extinguished, or te	erminated by the organization during the			
	tax year ►				
4 5	Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, in				
3	violations, and enforcement of the conservation easements it holds?	<u> </u>			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing				
	• Otal and volunteer flours devoted to morntoning, inspecting, manding or violations, and emorcing	g conservation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcin	a conservation easements during the year			
	▶ \$	g conservation casements during the year			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·			
9	In Part XIII, describe how the organization reports conservation easements in its revenue				
	balance sheet, and include, if applicable, the text of the footnote to the organization's f	inancial statements that describes the			
	organization's accounting for conservation easements.				
Pari					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8				
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in i works of art, historical treasures, or other similar assets held for public exhibition, e	ts revenue statement and balance sheet			
	public service, provide, in Part XIII, the text of the footnote to its financial statements the	education, or research in furtherance of			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its				
D	works of art, historical treasures, or other similar assets held for public exhibition, e	education or research in furtherance of			
	public service, provide the following amounts relating to these items:	ducation, of research in furtherance of			
	(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 treasures, or other similar	ar assets for financial dain, provide the			
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	items:			
а	Revenue included on Form 990, Part VIII, line 1	> \$			
b	Assets included in Form 990, Part X	> \$			

Pai	t III Organizations Maintainin	g Collections of	Art, Hi	storical	Treasure	s, or O	ther Similar	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and o							
а	☐ Public exhibition		d	☐ Loan	or exchan	ge prog	rams		
b	☐ Scholarly research								
С	☐ Preservation for future generation	ıs			***************************************				
4	Provide a description of the organiza	ation's collections	and exp	lain how t	they furthe	r the or	ganızatıon's ex	cempt pur	pose in Pari
5	During the year, did the organization assets to be sold to raise funds rathe								Yes □ No
	Escrow and Custodial Arr Complete if the organization 990, Part X, line 21.	n answered "Yes					•		on Form
1a	Is the organization an agent, trusted included on Form 990, Part X?							_	Yes □ No
b	If "Yes," explain the arrangement in F	Part XIII and compl	ete the f	ollowing t	able:			Amount	
C	Beginning balance					10	;		
d	Additions during the year					10	j		
е	Distributions during the year					16			
f	Ending balance					11			
2a	Did the organization include an amou	int on Form 990, P	art X, lın	e 21, for e	escrow or c	ustodia	l account liabi	ity? 🔲 🕻	Yes 🗌 No
b	If "Yes," explain the arrangement in F	art XIII. Check her	e if the e	xplanatio	n has been	provid	ed on Part XIII		. 🗆
Par	t V Endowment Funds.								
	Complete if the organization	n answered "Yes			Part IV, lin	e 10.			
		(a) Current year	(b) Pr	or year	(c) Two yea	rs back	(d) Three years b	ack (e) Fo	ur years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
đ	Grants or scholarships								
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	the current vear en	d baland	e (line 1a	. column (a	i)) held i	as:		
а	Board designated or quasi-endowme	-	%	`	, · · · · · · · · · · · ·	,,			
b	Permanent endowment ▶	%	 '						
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and		00%.						
За	Are there endowment funds not in the			zation tha	at are held	and ad	ministered for	the	
	organization by:	•	•						Yes No
	(i) unrelated organizations							. 3a(i)	+
	(ii) related organizations					•		3a(ii	
b	If "Yes" on line 3a(ii), are the related o							. 3b	1 -
4	Describe in Part XIII the intended uses					• •		. [55	<u> </u>
Part									
	Complete if the organization		on For	m 990. F	Part IV. line	e 11a. :	See Form 99	0. Part X	line 10
	Description of property	(a) Cost or oth	her basis	(b) Cost o	r other basis ther)	(c) /	Accumulated epreciation		ok value
1a	Land				1,000,000	" -			1,000,000
b	Buildings		·		.,000,000				1,000,000
c	Leasehold improvements	.							
d	Equipment								
e e	Other	.							
	Add lines 1a through 1e. (Column (d) n	oust equal Form 00	0 Part	Column	(B) line 10)c)	•		4.000.000
			- J, 1 UIL/	., 551411111	1-1, 1116 10		<u> </u>		1,000, <u>0</u> 00

Part VII	Investments - Other Secur		form 000 Port IV line	11b Soc Form 900 Part V line 12
	(a) Description of security or ca	itegory	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation Cost or end-of-year market value
(1) Financia	Il derivatives	<u> </u>	+	
• •	held equity interests			
(A)		• • • • • • • • • • • • • • • • • • • •	-	
(B)			· 	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12			
Part VIII	Investments-Program Rel			
				11c. See Form 990, Part X, line 13.
	(a) Description of investme	nt	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)				
(2)				
(3)			 	
(4)				
(5)				
(6)			 	-
(7)				
(8)		· · · · · · · · · · · · · · · · · · ·	 	
(9)	b) must equal Form 990, Part X, col (B) line 13	1 🏲	 	
Part IX	Other Assets.) <u> </u>		
		answered "Yes" on Fo	orm 990. Part IV. line	11d. See Form 990, Part X, line 15.
		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		V (0) (- 45)		
<u> </u>	nn (b) must equal Form 990, Part	X, col. (B) line 15.)	<u> </u>	<u> ▶ </u>
Part X	Other Liabilities.		000 5 1841	44 446 5 888 5 49
		answered "Yes" on Fo	orm 990, Part IV, line	11e or 11f. See Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value		
(1) Federal in		(b) Book value		
(2)	come taxes		···	
(3)				
(4)				
(5)	·			
(6)			· ·	•
(7)				
(8)				
(9)				
) must equal Form 990, Part X, col (B) line 25.	 		
2. Liability for	uncertain tax positions. In Part XIII, p	provide the text of the footi	note to the organization's	financial statements that reports the
organization's	liability for uncertain tax positions ur	nder FIN 48 (ASC 740). Ch	eck here if the text of the	footnote has been provided in Part XIII

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Reven	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a] ·]
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part		
i di t	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nses per neturn.
1	Total expenses and losses per audited financial statements	1
. 2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	· · · '
	Donated services and use of facilities	
a	Prior year adjustments	¥
b	· · · · · · · · · · · · · · · · · · ·	 (*)
C	Other losses	 `
d		
	Add lines 2a through 2d	. <u>2e</u>
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	 ,
b	Other (Describe in Part XIII.)	
_	Add lines 4a and 4b	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	
•••••		
		······

Schedule D (Form 990) 2016 Page \$				
	Supplemental Information (continued)			
I di L Aili	Supplemental information (continued)			
· · · · · · · · · · · · · · · · · · ·				
•				
				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization	Employer identification number				
Fraternal Order of Eagles Aerie 2817	93-0404799				
Section 6, 2 The Worthy President and the Secretary are husband and wife.					
Section 6, 7a The Officers are elected by the Governing Body (members) of the organization.					
Section 6, 7b All governance decisions are made by vote of the members attending regular schedule	meetings.				
Section 6, 8a & b All regularly scheduled meetings are documented including all activities approved to	be taken by the Officers or Special				
Committees on behalf of the Governing Body (members).					
Section 6, 11a The Governing Body (members) are able to review any financial information by request	to the Secretary or Treasurer.				
Form 990 is provided to the Governing Body for review during a regularly scheduled meeting.					

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
	·