Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

	Dep:	artment o	the Treasury ue Service	► Go to www.irs.	gov/Form990 for instr	ections and the lat	est information	1803	Inspection	
	A			ndar year, or tax year beginnin	9 4-1	, 2017, and e	nding	3-31	, 20 18	
Ī	В	Check if	applicable.	C Name of organization B.P.O.E. U	JŞA #2145		•	D Employ	er identification number	
[Address	change	Doing business as Benwi	r of elks	L	93-0482037			
Į		Name ci	nange	E Telepho	ne number					
[Name change Number and street (or P.O. box if mail is not delivered to street address) Coomsure E Telephone number 1701 Centennial Blvd 541-747-1577								
[Final retu	rn/terminated	City or town, state or province, cou	untry, and ZIP or foreign po	stal code			,	
[Amende	-	Springfield, OR 97477-3365				G Gross re	eceipts \$	
∦ [Applicat	ion pending	F Name and address of principal office	cer		H(a) is this a	group return for	subordinates? Yes No	
<u>Y</u> .			ا	David Whitlock, 1701 Centenni					s included? Yes No -	
I Tax-exempt status										
:	<u>, </u>	Website		7		\		p exemption		
ľ				Corporation Trust Associ	ation Other ►	L Year of fo	ormation 1960) M State	of legal domicile OR	
j		art I	Summa	_ 	sion or most significa	ent detrution: The	ic ic a Fratarnal	Charitable	a and Copying	
	0	'	-	scribe the organization's mis			is is a riaterilai	, Cilaillauli	e and Service	
	auc		Organizati	ion that provides social and ch	iaritable events for its	members.				
	Governance	2	Check this	s box ▶☐ if the organization	discontinued its one	rations or dispos	ed of more tha	n 25% of	ts net assets	
	Š	3		of voting members of the gov				. 3	9	
	≪	4		of independent voting member	- ·		16/2/2.	. 4	0	
3	ies	5		ber of individuals employed	-			. 5	5	
7	Activities	6		nber of volunteers (estimate if	•			. 6	60	
Nn7 c 7	AC	7a	Total unre	elated business revenue from	Part VIII, column (C),	line 12 . 🕍 🗛	R 25 2019	. 7a	0	
		b	Net unrela	ated business taxable income	e from Form 990-T, lii	ne 34	. / 💛	. 7b	0	
Ark X							Prior Y	'ear	Current Year	
₹	ē	8		ions and grants (Part VIII, line	·			47243	47850	
-	en	9	-	service revenue (Part VIII, line	- -		·	5792	5845	
7	Revenue	10		nt income (Part VIII, column (/	•		·	127	152	
`	_	11		enue (Part VIII, column (A), lin			:	162238	199035	
S		12		nue-add lines 8 through 11 ()	215400	252882	
J		13		nd similar amounts paid (Part	• •		·			
•		14 15		paid to or for members (Part I other compensation, employee			; 	110265		
1	ses	16a		nal fundraising fees (Part IX, o	•			110265	58121	
Š	Expenses	ь		draising expenses (Part IX, co			·			
	ă	17		penses (Part IX, column (A), lir		TIVED.		139985	172713	
		18		enses. Add lines 13-17 (must				250250	230834	
		19	Revenue I	less expenses. Subtract line	18 from the 12/10 .1	2010		(34850)	22048	
•	58				[3] "7" 2	S	Beginning of C		End of Year	
	Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)				361665	375823	
)	ag Ba	21		lities (Part X, line 26)		N, UT.		42713	34823	
<u>.</u>				s or fund balances. Subtract	line 21 from line 20	<u> </u>		318952	341000	
á١		art II		ure Block						
J	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.									
= -			1 8			<u></u>	· · · · · ·		13-2019	
= ;	Sig	ח	Signat	ature of officer			L	ate	3. 2017	
	He		Î L	DAVID R. Whitlack	- EXALTED	RULER				
•			 -	or print name and title	<u> </u>	74				
= 7	Pa	id	Print/Typ	oe preparer's name	Preparer's signature		Date	Check	T If PTIN	
_		o Spare	r				<u> </u>	self-emp		
		e Onl	1	ame ▶			Fir	m's EIN ▶		
Firm's address ▶ Phone no.										
	May the IRS discuss this return with the preparer shown above? (see instructions)									

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 11282Y

Form 990 (2017)

Form 990 (2017)



Form 99	0 (2017)	V		age 3
Part I	V 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	į	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		▼
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? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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
С	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		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	11d		1
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		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
þ	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	ļ	✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
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		1
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		1
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	 	1
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		-	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		-
	If "Yes," complete Schedule G, Part III	19	000	/0017

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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	230		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	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		✓
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	1	

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Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
4	Stational State of State Control of Stat		103	140
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	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?		-	
_		1c	V	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	i		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		1
	account)?	4a	ļ	<u> </u>
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?	<u>5b</u>		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).			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?	7a	├	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<u> </u>	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	<u> </u>
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	ļ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	 	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
a	— - - - - - - - - - 		i	
b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			İ
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
•	against amounts due or received from them.)			1
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
а	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	D. J. H	14a	 	1
14a	If "You " hos it filed a Form 700 to report these payments? If "No." provide an explanation in Schodula O	14h	 	+*

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a s	,[
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar	ł	l	}
	committee, explain in Schedule O.	1		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b		*	_
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<u> </u>		<u> </u>
	-any-other-officer,-director,-trustee,-or_key_employee?	2	1	
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		/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V .
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<u> </u>
6	Did the organization have members or stockholders?	6	-	
7a	one or more members of the governing body?		1	1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	<u> </u>	
Ь	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:		'	[[
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		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	,	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	1
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?	[ĺ	1
440	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
11a		11a	V	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		7
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		 •
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
	describe in Schedule O how this was done	12c		ļ
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14	\Box	1
15	Did the process for determining compensation of the following persons include a review and approval by			i i
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	}		1 1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			لــِــا
	with a taxable entity during the year?	16a	 	✓ ,
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		į į	
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure	1.00		Ь
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 int	erest	policy	/, and
	financial statements available to the public during the tax year.		_	
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords:	. ▶	
	Jeri Lynn Whitlock, 1701 Centennial Blvd, Springfield, OR 97477 541-747-2145		- 000	(2017)
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Form **990** (2017)

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- Officer and box is flowered the organization no	Τ				C)			1		
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average			cneck more than one I				Reportable	Reportable	Estimated
Marile and Title	hours per					is botr or/trust		compensation	compensation from related	
	week (list any			_	_			from the		other
	hours for related	9 ₹	stit	Officer	Key employee	랑	Former	organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	ecto	tion	~	필	st c	۳ ا	(W-2/1099-MISC)	`	organization
	below dotted line)	1 2	nal t		۷ و	mg				and related organizations
		Individual trustee or director	Institutional trustee		•	ens	l	1	ł	organizations
			ê			Highest compensated employee				
	 	<u> </u>	\vdash		 	<u> </u>	<u> </u>			
(1) David Whitlock	20							-		
Exalted Ruler		✓			L.		L.			
(2) Jerry French	20		1							
Leading Knight	<u> </u>	1			<u>L</u>		L_		ļ	
(3) Frank Segarra	20							1	r	
Loyal Knight		✓	<u> </u>		L.					
(4) Dianne Sharra	20				ĺ				•	
Lecturing Knight		✓	<u> </u>		<u> </u>		<u> </u>		<u> </u>	
(5) Dale Clanton	20									
Trustee		✓_		<u> </u>					l	
(6) Barb Tyler	20									
Trustee		✓			L		<u> </u>			
(7) Richard Tracy	20			l	ł	l	İ	1	1	
Trustee		1			L.		<u> </u>			
(8) Judith Tracy	20									
Trustee		1					L			l
(9) James Bevan	20			l		İ				· •
Trustee		1		<u> </u>						
(10) Phyllis Bevan	20			l		ļ	ļ	·		I.
Treasurer		✓					L.			
(11) Jeri Lynn Whitlock	30									_
Secretary		✓	L_		_		L.	12013		
(12) Susan Anderson	10									
Inner Guard				✓	<u> </u>	ļ	L.,			
(13) Del Cullison	15]]							
Tiler				✓		ļ				
(14) Carla Kellogg	25								_	
Chaplain				✓	L	l				

	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than o box, unless person is both officer and a director/trustive of the control of the contro				is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	other		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensation the anization in the anization	n d
(15)				,				-				-	
(16)													
(17)			-							, ,			
(18)						ļ							
(19)						 i							
(20)			,					-					
(21)				-		-					<u> </u>		
(22)						<u> </u>							
(23)								-					
(24)				<u> </u>									
(25)			-										
1b	Sub-total							>	12013				
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)							>	12013				
2	Total number of individuals (including but reportable compensation from the organic	t not limited						e) w	·		00 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	nest compensation	ed 3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble	con	npe	nsatio				he		1
5	individual				•						4		1
	for services rendered to the organization	? If "Yes," o	omp	lete	Sch	ned	ıle J i	for s	such person	<u> </u>	5		V
Section 1	on B. Independent Contractors Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more than \$1	00,000 c	of	
	compensation from the organization. Repyear.	oort compe	nsatio	on te	or tr	ne c	alend	ıar y	year ending wit	n or within the c			.ax
	(A) Name and business add	Iress				_		_	(B) Description of s	ervices	(C) Compen		
2	Total number of independent contractor							th	nose listed ab	ove) who			
	received more than \$100,000 of compens	ation from	the or	rgan	ızat	ion	<u> </u>					m 99 (0.000

Part VIII		Statement of Revenue							
		Check if Schedule O contains a resp	onse or note to				<u> </u>		
	٠			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
ıts its	1a	Federated campaigns 1a							
ts, Grants Amounts	b	Membership dues 1b	45131						
s, G Am	С	Fundraising events 1c							
Gifts, Grants ilar Amounts	d	Related organizations 1d							
ns, Simi	е	Government grants (contributions) 1e							
ntio er S	f	All other contributions, gifts, grants, and similar amounts not included above							
Contributions, Giff and Other Similar	_	and similar amounts not included above 11f Noncash contributions included in lines 1a-1f.\$	2719			ļ			
out	g	Total. Add lines 1a–1f		47850					
	- "	Total. Add lines 1a-11	Business Code	47830					
eun	2a	RV Donations	812930	4965	,		·		
Rev	b	Bulletin Ads	541800	880					
ice	c								
Serv	d								
E .	e								
Program Service Revenue	f	All other program service revenue.				<u> </u>	<u> </u>		
4	9	Total. Add lines 2a-2f		5845		r	T		
	3	Investment income (including divide and other similar amounts)							
	4	Income from investment of tax-exempt be	}-	152					
	4 5	Royalties	[
		(i) Real	(ii) Personal						
	6a	Gross rents 17832							
	b	Less rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (loss)	▶	17832		· · · · · · · · · · · · · · · · · · ·			
	7a	Gross amount from sales of (i) Securities	(ii) Other						
		assets other than inventory Less: cost or other basis		ļ					
	b	and sales expenses .							
	င	Gain or (loss)							
	ď	Net gain or (loss)	>						
4.		,							
Other Revenue	8a	Gross income from fundraising							
vei	•	events (not including \$							
æ		of contributions reported on line 1c).							
þe	١.	See Part IV, line 18 a							
Б		Less: direct expenses b Net income or (loss) from fundraising	events . ►				.		
	1	Gross income from gaming activities.	events .				<u></u>		
	"	See Part IV, line 19 a	97778						
	ь	Less: direct expenses b							
	С	Net income or (loss) from gaming acti		-4840					
	10a	Gross sales of inventory, less							
		returns and allowances a							
	b	Less: cost of goods sold b							
	<u> </u>	Net income or (loss) from sales of inve	Business Code	100801		 			
	44-	Miscellaneous Revenue					. <u> </u>		
	11a b	Lodge and Club Support	900099	5051 78					
,	C	Jewelry, Jackets, Caps Misc Revenue	900099	17745					
	d	All other revenue	20003	62368					
	e	Total. Add lines 11a-11d	▶	85242					
	12	Total revenue. See instructions		252882					
	*		······································				Form 990 (2017)		

	t IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				<u> </u>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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 —individualsSee-Part-IV,-lines_15_and_1.6				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	12013		•	
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 salaries and wages	38169	- ·		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1548			
10	Payroll taxes	6391			
11	Fees for services (non-employees):				
a	Management				ļ
b	Legal				
C	Accounting	16000			· · · · · · · · · · · · · · · · · · ·
d	Lobbying		· · · · · · · · · · · · · · · · · · ·		
e f	Professional fundraising services. See Part IV, line 17 Investment management fees		 		<u> </u>
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	2197			
14	Information technology				
15	Royalties		· · · · · · · · · · · · · · · · · · ·		
16	Occupancy				
17	Payments of travel or entertainment expenses	`			
	for any federal, state, or local public officials		·		,
19	Conferences, conventions, and meetings .	5831			
20	Interest	40057	· 		· · · · · · · · · · · · · · · · · · ·
21 22	Payments to affiliates	10357			
23	Insurance	. 5455			
24	Other expenses. Itemize expenses not covered	1 3433			
24	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	Music	10300			
b	Licenses	1282			
C	Kitchen supplies & expense	1323			
d	Janitorial	7107			
e	All other expenses	112861			
25	Total functional expenses. Add lines 1 through 24e	230834			
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 following SOP 98-2 (ASC 958-720)	1			

Part	Check if Schedule O contains a response or note to any line in this Par	tX		🗆
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	21325	1	20932
2	Savings and temporary cash investments	97723	2	100550
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	<u></u>
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	<u>. </u>
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			
ន្ទ	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	Notes and loans receivable, net		7	·
₹ 8	Inventories for sale or use	6595	8	7099
9	Prepaid expenses and deferred charges	1047	9	27
10				
	other basis. Complete Part VI of Schedule D 10a 924831			·
	Less: accumulated depreciation 10b 737181	175000	10c	187650
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11	59450	12	59565
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	525	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	361665	16	375823
17	Accounts payable and accrued expenses	5994	17	1160
18	Grants payable		18	
19	Deferred revenue	27832	19	32230
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties [2200	23	
24	Unsecured notes and loans payable to unrelated third parties	2187	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	4500		1433
26	Total liabilities. Add lines 17 through 25	42713	26	34823
0	Organizations that follow SFAS 117 (ASC 958), check here ► □ and			
3	complete lines 27 through 29, and lines 33 and 34.		 - -	
27	Unrestricted net assets	250241		271780
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets	68711	29	69220
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
3 30	Capital stock or trust principal, or current funds		30	
3 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds.		32	
33	Total net assets or fund balances	318952	33	341000
34	Total liabilities and net assets/fund balances	361665	34	375823

Form 9	90 (2017)			Pa	ige 12
Par					-3
	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1			52882
2	Total expenses (must equal Part IX, column (A), line 25)	2			30834
3	Revenue less expenses. Subtract line 2 from line 1	3			22048
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			18952
5	Net unrealized gains (losses) on investments	5			10002
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-		3	41000
Part					41000
	Check if Schedule O contains a response or note to any line in this Part XII				
	Official Confedure O contains a response of flote to any line at this tartout	• • •		Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other		[3	103	₁
٠.	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in	क्राह्म के किया है। जिस्सी के किया के किया किया किया किया किया किया किया किया		
	Schedule O.	J	" ·		(
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		7
2.0	If "Yes," check a box below to indicate whether the financial statements for the year were comp		20	- 1/2-,7	
	reviewed on a separate basis, consolidated basis, or both:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			}
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b		
U	If "Yes," check a box below to indicate whether the financial statements for the year were audite	don a	20		-
	separate basis, consolidated basis, or both:	u on a		i 1	1
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	orciaht			
С	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex		20	 	 ,
	In the organization changed either its oversight process or selection process during the tax year, ex	pialli III		i l	

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2017)

За

3b

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

3.P.O.	E USA #2145		93-0482037
Par	Organizations Maintaining Donor Adv	rised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(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 h	eld in donor advised
	funds are the organization's property, subject to th	ne organization's exclusive legal contro	ol? 📙 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gran	nt funds can be used
•	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or fo	or any other purpose
	conferring impermissible private benefit?		
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	_ Trescritation of	Ta continua motorio di actaro
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribute	on in the form of a conservation
_	easement on the last day of the tax year.	old a qualified correct valient contribution	Held at the End of the Tax Year
_			
a	Total acreage restricted by conservation easement		
b			
C	Number of conservation easements on a certified Number of conservation easements included in		
d			1 1
_	Number of conservation easements modified, tran		1
3	tax year ►	sterred, released, extinguished, or ten	miliated by the organization during the
		arietien ecomont is located	
4	Number of states where property subject to conse Does the organization have a written policy re		poston bandling of
5	violations, and enforcement of the conservation ea	garding the periodic monitoring, ins	· · · · · · · · · · · Yes · No
_			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, nandling of violations, and emorcing	conservation easements during the year
_			and a second sec
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
_	\$	O(all also are asked the resourcements of	Facation 170/b)(4)(P)(i)
8	Does each conservation easement reported on line	: 2(d) above satisfy the requirements of	
	· · · · · · · · · · · · · · · · · · ·		
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text of		ianciai statements that describes the
	organization's accounting for conservation easem		Other Cimilan Accets
Par	Organizations Maintaining Collection		
	Complete if the organization answered		· · · · · · · · · · · · · · · · · · ·
1a			
	works of art, historical treasures, or other similar	r assets neid for public exhibition, ed	Jucation, or research in turtherance of it describes these items
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		ducation, or research in furtherance of
	public service, provide the following amounts relat	_	
	(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	r assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
_	Assets included in Form 990, Part X		
	perwork Reduction Act Notice, see the Instructions fo		

Part	III Organizations Maintaining	Collections of A	Art, Hist	orical T	reasures,	or Oth	ner Similar As	ssets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner recor	ds, chec	k any of the	follow	ing that are a s	significant use of its
а	☐ Public exhibition		d [Loan	or exchange	e progra	ams	
b	☐ Scholarly research		e [Other	,			
C	☐ Preservation for future generations							
4	Provide a description of the organizat XIII.							
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive of than to be maintain	donation ned as p	s of art, art of the	historical tre e organization	easures on's col	, or other simil lection?	ar <u> </u>
Part	IV Escrow and Custodial Arra			-				
	Complete if the organization	answered "Yes"	on For	n 990, F	Part IV, line	9, or r	eported an ar	nount on Form
	990, Part X, line 21.			- ii - e				
1a	Is the organization an agent, trustee,							
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the to	llowing to	able:		Ι Δ	mount
						1	 	unount
C	Beginning balance					1c	 	
d	Additions during the year						 	
e	Distributions during the year					1e	 	
f	Ending balance						account liability	√2 □ Voc □ No
2a	Did the organization include an amour	nt on Form 990, Pa	irt X, Iirie	21, for e	scrow or cu	stodiai	account liability	yr 📋 tes 🗀 No
Pari	If "Yes," explain the arrangement in Pa V Endowment Funds.	art Am. Check here	ii the ex	pianatio	n nas been	provide	O OH Part Alli .	· · · · ·
Fai	Complete if the organization	answered "Ves"	on For	m 990 F	Part IV line	10		
	Complete if the organization	(a) Current year	(b) Pro		(c) Two years		(d) Three years bac	k (e) Four years back
1a	Beginning of year balance	(4) 55.15.15	(-/	, ,	(-, ,		· · · · · · · · · · · · · · · · · · ·	
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships				-			
e	Other expenditures for facilities and programs			<u> </u>				
f	Administrative expenses					1		
g	End of year balance							
2	Provide the estimated percentage of t	he current year end	d balanc	e (line 1g	, column (a))) held a	s:	
а	Board designated or quasi-endowmer	-	%					
b	Permanent endowment	%	-					
С	Temporarily restricted endowment ▶	 %						
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.					
3a	Are there endowment funds not in the	e possession of the	e organi	zation tha	at are held a	and adr	ninistered for th	ne
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related or							3b
4	Describe in Part XIII the intended uses		n's endo	wment f	unds.			
Part			_					
	Complete if the organization	answered "Yes"	on For	m 990, I	Part IV, line	e 11a. S	See Form 990	, Part X, line 10.
	Description of property	(a) Cost or oth (investme			or other basis other)		occumulated preciation	(d) Book value
1a	Land		175000					175000
b	Buildings		561904				561904	0
С	Leasehold improvements							
d	Equipment		187927				175222	12650
е	Other	.]		L				
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0, Part)	(, columr	n (B), line 10)c.)	▶	187650

Part VII	Investments - Other Securiti Complete if the organization a		orm 990. Part I	V. line 11b. S	see Form 990. Part X. line 12.
	(a) Description of security or cate (including name of security)		(b) Book value		(c) Method of valuation Cost or end-of-year market value
(1) Financial	derivatives				······································
	neld equity interests				
	· · · · · · · · · · · · · · · · · · ·				
(A)					
(B)					
(C)					
(D)			-		
(E)		-010 t # - 401 mener-na-se-			
(F) (G)				 -	
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				·····
Part VIII	Investments—Program Rela		<u> </u>	_	
i ai (VIII	Complete if the organization a		orm 990 Part IV	V line 11c S	ee Form 990 Part X line 13
	(a) Description of investment		(b) Book valu	· · · · · · · · · · · · · · · · · · ·	(c) Method of valuation
	(e) Description of investment		(5) 55511 1411		Cost or end-of-year market value
(1)			<u> </u>		· · · · · · · · · · · · · · · · · · ·
(2)			· · · · · · ·		
(3)					
(4)					
(5)					
(6)					
_(7)					
(8)					· · · · · · · · · · · · · · · · · · ·
(9)	No. 10 10 10 10 10 10 10 10 10 10 10 10 10				
	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	<u> </u>			
Part IX	Complete if the organization a	newered "Ves" on F	orm 990 Part IV	/ line 11d S	see Form 990 Part Y line 15
	Complete if the organization a	(a) Description	Omi 990, i ait i	v, interrio. C	(b) Book value
		(4)		·	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)		*		· · · · · · · · · · · · · · · · · · ·	
(3)			- 14. J	·····	
(4)			-, ···		
(5)					
(6)					
(7)			<u>.</u>		
(8)			,		
(9)	(h)	(((C)) (: 4 (C))			
	mn (b) must equal Form 990, Part X	, coi. (B) line 15.)		 :	· · P1
Part X	Other Liabilities. Complete if the organization a	nowarad "Vac" on E	orm 000 Part IV	/ line 11e er	11f Son Form 000 Port V
	line 25.	iisweieu res on r	om 990, Fait i	v, line i le oi	TH. See Form 990, Part A,
1.	(a) Description of liability	(b) Book value	, 1	 	
(1) Federal in			-		
(2) Payroll L			1433		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	N				
	n) must equal Form 990, Part X, col. (B) line 25.)		1433		
	uncertain tax positions. In Part XIII, pi s liability for uncertain tax positions un				

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenu		
	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	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
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:			
<u> —</u> а–	Investment-expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part			ses per N eturn.	
	Complete if the organization answered "Yes" on Form 990,		1	
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		· · • • • • • • • • • • • • • • • • •	
2	Donated services and use of facilities	2a		
а ь	Prior year adjustments	2b		
b	Other losses	2c		
c d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
-		i i	 	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	 		
4 a	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a		
=	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b		
a b	Investment expenses not included on Form 990, Part VIII, line 7b	4b	4c	
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b		
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	5	·
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	and 2b; Part V, line	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	and 2b; Part V, line	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line
b c 5 Part Provid	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	4b	and 2b; Part V, line tional information.	4; Part X, line

chedule D (Form 990) 2017 Page 5						
Part XIII	Supplemental Information (continued)					
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	W 100					
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Department of the Treasury Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Nar

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Name	of the organization					Employer identific	ation number
	.E. USA #2145						0482037
Par					vered "Yes" on F	Form 990, Part IV,	line 17.
	Form 990-EZ filers are						
1	Indicate whether the organization	on raised funds					•
а			e [ion of non-governi	-	
b	Internet and email solicitation	ons	f [∃ Solicitati	ion of government	grants	
С	☐ Phone solicitations		g [Special 1	fundraising events	;	
—-d							
2a							
	or key employees listed in Forn						
b	If "Yes," list the 10 highest paid			draisers) pu	ursuant to agreem	ents under which th	e fundraiser is to be
	compensated at least \$5,000 b	y the organization	on.				
	(A Name and address of individual		(iii) Did fur	draiser have	(5.) Cross	(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	or control of outlons?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
				Julions:		col. (i)	Organization
	.		Yes	No]		
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Total				▶			
3	List all states in which the org	anization is regi	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from
	registration or licensing.	_					
	•						
	·						

Cat. No. 50083H

		gross receipts greater tha	n \$5,000. (a) Event #1	(b) Event #2	(c) Other events	(A) Total overte
	•					(d) Total events (add col. (a) through col. (c))
0			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
Re						
	2	Less: Contributions Gross income (line 1 minus				
		line-2)				
	4	Cash prizes				
	5	Noncash prizes		· · · · · · · · · · · · · · · · · · ·		
Se		Dant/facility acets				i .
ens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages			ļ	
rect	8.	Entertainment				
Δ		Littertainment				
	9	Other direct expenses .			J	
	10	Direct expense summary. Ad	ld lines 4 through 9 in c	olumn (d)	<i>.</i>	
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)	▶ ↑	
				oldilii (d)		
Pa	rt III	Gaming. Complete if the	e organization answei	red "Yes" on Form 99	90, Part IV, line 19, or r	reported more
_		Gaming. Complete if the than \$15,000 on Form 9	e organization answei	(b) Pull tabs/instant bingo/progressive bingo	90, Part IV, line 19, or r	(d) Total gaming (add col. (a) through col. (c))
Revenue	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answel 90-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
_		Gaming. Complete if the	e organization answei 90-EZ, line 6a.	(b) Pull tabs/instant	90, Part IV, line 19, or r	(d) Total gaming (add col. (a) through col. (c))
Revenue	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answel 90-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
enses Revenue	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answel 90-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
enses Revenue	1 2	Gaming. Complete if the than \$15,000 on Form 9: Gross revenue Cash prizes Noncash prizes	e organization answel 90-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
enses Revenue	1 2	Gaming. Complete if the than \$15,000 on Form 9	e organization answel 90-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue	1 2 3	Gaming. Complete if the than \$15,000 on Form 9: Gross revenue Cash prizes Noncash prizes	e organization answel 90-EZ, line 6a. (a) Bingo 37899	(b) Pull tabs/instant bingo/progressive bingo	90, Part IV, line 19, or r (c) Other gaming 59879	(d) Total gaming (add col. (a) through col. (c))
enses Revenue	1 2 3 4 5	Gaming. Complete if the than \$15,000 on Form 98 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	e organization answell 90-EZ, line 6a. (a) Bingo 37899	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming 59879 72445 Yes 100 %	(d) Total gaming (add col. (a) through col. (c))
enses Revenue	1 2 3 4	Gaming. Complete if the than \$15,000 on Form 9: Gross revenue Cash prizes Noncash prizes Rent/facility costs	e organization answel 90-EZ, line 6a. (a) Bingo 37899	(b) Pull tabs/instant bingo/progressive bingo	90, Part IV, line 19, or r (c) Other gaming 59879	(d) Total gaming (add col. (a) through col. (c)) 97778
enses Revenue	1 2 3 4 5	Gaming. Complete if the than \$15,000 on Form 98 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	e organization answell 90-EZ, line 6a. (a) Bingo 37899 30173 Ves 100 % No	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming 59879 72445 Yes 100 %	(d) Total gaming (add col. (a) through col. (c))
enses Revenue	1 2 3 4 5 6 7	Gaming. Complete if the than \$15,000 on Form 9: Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Ac	e organization answell 90-EZ, line 6a. (a) Bingo 37899 30173 Yes 100 % No Id lines 2 through 5 in c	(b) Pull tabs/instant bingo/progressive bingo Yes% No olumn (d)	(c) Other gaming 59879 72445 Yes 100 % No	(d) Total gaming (add col. (a) through col. (c)) 97778 102618
enses Revenue	1 2 3 4 5 6	Gaming. Complete if the than \$15,000 on Form 9: Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	e organization answell 90-EZ, line 6a. (a) Bingo 37899 30173 Yes 100 % No Id lines 2 through 5 in c	(b) Pull tabs/instant bingo/progressive bingo Yes% No olumn (d)	(c) Other gaming 59879 72445 Yes 100 % No	(d) Total gaming (add col. (a) through col. (c)) 97778 102618
enses Revenue	1 2 3 4 5 6 7 8 Er	Gaming. Complete if the than \$15,000 on Form 98 Gross revenue	a organization answell 90-EZ, line 6a. (a) Bingo 37899 30173 Yes 100 % No Id lines 2 through 5 in comparison conducts gamization conducts ga	(b) Pull tabs/instant bingo/progressive bingo Yes % No olumn (d)	72445 Yes 100 % No	(d) Total gaming (add col. (a) through col. (c)) 97778 102618
Direct Expenses Revenue	1 2 3 4 5 6 7 8 Er a Is	Gaming. Complete if the than \$15,000 on Form 9: Gross revenue	a organization answell 90-EZ, line 6a. (a) Bingo 37899 30173 Yes 100 % No Id lines 2 through 5 in c y. Subtract line 7 from line ganization conducts gal bonduct gaming activities	(b) Pull tabs/instant bingo/progressive bingo Yes % No olumn (d)	72445 Yes 100 % No No	(d) Total gaming (add col. (a) through col. (c)) 97778 102618 -4840
Direct Expenses Revenue	1 2 3 4 5 6 7 8 Er a Is	Gaming. Complete if the than \$15,000 on Form 9: Gross revenue	a organization answell 90-EZ, line 6a. (a) Bingo 37899 30173 Yes 100 % No Id lines 2 through 5 in c y. Subtract line 7 from line ganization conducts gal bonduct gaming activities	(b) Pull tabs/instant bingo/progressive bingo Yes % No olumn (d)	72445 Yes 100 % No	(d) Total gaming (add col. (a) through col. (c)) 97778 102618 -4840
Direct Expenses Revenue	1 2 3 4 5 6 7 8 Er a Is b If	Gaming. Complete if the than \$15,000 on Form 9: Gross revenue	a organization answell 90-EZ, line 6a. (a) Bingo 37899 30173 Yes 100 % No Id lines 2 through 5 in company and the second or second conducts gas and orduct gaming activities.	(b) Pull tabs/instant bingo/progressive bingo Yes % No olumn (d)	72445 Yes 100 % No	(d) Total gaming (add col. (a) through col. (c)) 97778 102618 -4840 Yes No

Scheau	Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	•.
	Name ► A. J. Johnson
	—Address-▶—1701-Gentennial-Blvd,-Springfield, OR 97477
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name >
	Address >
16	Gaming manager information:
	Name A. J. Johnson
	Gaming manager compensation ► \$
	Description of services provided ► Maintains records, counts and deposits money
	☑ Director/officer ☐ Employee ☐ Independent contractor
17 a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

B.P.O.E. #2145	93-0482037
O1: Governing Body and Management (Part VI, Line 2)	
A. The Exalted Ruler, David Whitlock, is married to the Secretary, Jeri Lynn Whitlock.	
B. Trustee Richard Tracy is married to Trustee Judith Tracy.	
02: Governing Body Review (Part VI, line 11)	
Form 990 goes to the Secretary and the Board of Directors for review prior to filing.	
03: Other Officer or Key Employee Compensation (Part VI, line 15b)	
Voting members determined the Secretary should continue to be compensated for work done. This was	as accomplished in a democratic
manner and put to a final vote in which the voting members participated.	
04: Governing Documents, etc., Are Available to the Public (Part VI, line 19)	`
Form 990 is available to the public upon request.	
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Schedule O (Fprm 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
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