Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2017

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

	_		ue Service	<u> </u>	.irs.gov/Form990 for instr				للكيك	Inspection			
	<u>A</u>	For the		ndar year, or tax year begir		, 2017, and	ending	<u>qA</u>	r 30	, 20 18			
	В	Check if	applicable [C Name of organization ORIL	<u>Golden Eagle Clu</u>	b, Inc.				identification number			
		Address	change	Doing business as					23-716				
		Name ch	ange	Number and street (or P O bo	x if mail is not delivered to stre	et address) R	oom/suite		E Telephone				
		Initial reti	urn	7777 South Lewis			IC059		(918)4	95-6424			
		Final retur	n/terminated	City or town, state or province	, country, and ZIP or foreign po	ostal code							
		Amended	f return	Tulsa, OK 74171						eipts \$ 1,229,335.			
		Application	on pending	F Name and address of principa	l officer	 -		H(a) Is this a gr	oup return for sub	ordinates? Yes 🗵 No			
				subordinates included? Yes No									
	<u> </u>	Tax-exen	npt status	▼ 501(c)(3)	01(c) () ◀ (insert no)	4947(a)(1) or	\$27)	If "N	o," attach a lis	st (see instructions)			
	J	Website:	: > n,	/a		1		H(c) Group	exemption nu	ımber ►			
	K	Form of o	rganization [2	Corporation Trust A	ssociation Other >	L Year o	f formation	197	1 M State of legal domicile OK				
	P	art I	Summa	ary		-							
		1	Briefly de	scribe the organization's	mission or most signific	ant activities	Suppor	t for (Oral Rol	perts			
	9			sity athletic dep		-							
	ā				•								
	er	2	Check the	s box ▶☐ if the organiza	tion discontinued its op	25% of its	net assets						
	Activities & Governance			of voting members of the					3	16			
	ಹ			of independent voting me			ne 1b)		4	16			
	ies			nber of individuals employ	•		-		5				
	š			nber of volunteers (estima	•		<i>'</i>		6	25			
	Act			elated business revenue f	• •				7a	0.			
				ated business taxable inc	•				7b	0.			
					<u>.,</u>			Prior Ye	ar	Current Year			
	4.	8	Contributi	ions and grants (Part VIII,	line 1h)			1.133	,717.	1,148,158.			
	nue			service revenue (Part VIII,					,135.	13,406.			
	Revenue		_	nt income (Part VIII, colun	= ') .			,308.	11,950.			
	æ			enue (Part VIII, column (A					,071.	14,079.			
_				nue-add lines 8 through			12)		3,231.	1,187,593.			
2019				nd similar amounts paid (F					308.	799,574.			
7		ı		paid to or for members (P			-		,066.	13,406.			
9	10	ı		other compensation, emplo			10)		,,,,,,,,	13/100.			
0	Expenses			nal fundraising fees (Part	-		· • ′ ⊢	87	7,748.	94,933.			
>=	ben	ı		draising expenses (Part IX			<u>، </u>		, , 40.	<u> </u>			
MAY	Ä	ı		penses (Part IX, column (A			<u>*</u>	143	,100.	343,427.			
				enses Add lines 13-17 (n			-		,222.	1,251,340.			
\Box		ı		less expenses Subtract I		(9, 5 25)	<u> </u>		,991.	-63,747.			
NNED	- s		1101011001	iooo oxponoco cabiraeti		DEOE	Bec	inning of Cu		End of Year			
Z	Assets or	20	Total asse	ets (Part X, line 16)	1 .	RECEIV	ヒリー		3,332.	1,368,988.			
3	Ass.	21		lities (Part X, line 26) .				25	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Š				s or fund balances Subtr	act line 21 from line 20	MAR 2.1	2019		, 332.	1,368,988.			
	_	rt II		ure Block	9		20.0	0	7,555.	2,000,200.			
	_		<u>~_</u>		this return, including accomp	and no schedules an	d.stateme	nts and to th	ne best of my	knowledge, and belief it is			
	true	e, correct	, and comple	y, I declare that I have examined te Deplaration of preparer (ot)	than officer) is based on all in	tomand of which	oreparer ha	is arry knowle	edge	mowiedge und soner, kilo			
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	He			TORREY A.	FABIE	TREASURE	20						
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	Pa		-						Check self-emplo	ved			
		pare	l	mo b Calf_Drans				r	Firm's EIN ► 73 - 0739626				
	US	e Only	Firm's na	ame ► Self-Prepare ddress ► n/a, n/a, NA						5-0133020			
	May	the IR	S discuss	this return with the prepare	arer shown above? (see	instructions)		LENO	ne no	☐ Yes 🔀 No			
				ction Act Notice, see the se			05/2			Form 990 (2017)			
	. 01	· aperw	VIK REGUC	AION MUL MULICE, SEE THE SE	varate instructions. RAA		KEV 03	3/08/19 PRO		rorm 330 (2017)			

992,810.

Part	IV Checklist of Required Schedules			
-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	2	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		×	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3_		×
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 "Yes," complete Schedule C, Part II</i>	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		×
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		×
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		×
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		×
	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		×
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	×	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		×
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	×	
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	3	14a		×
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.	445		
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	14b		×
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.	15		×
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)	16		×
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	17	X	
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	18	×	~
		_ <u>-</u> -		×

Part	Checklist of Required Schedules (continued)	_		
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	202	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 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 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		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 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 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		×
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 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 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	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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
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	×	
35a b	Did the organization have a controlled entity within the meaning of section $512(b)(13)$? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	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		×
37	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		×
	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	×	

Check if Schedule O contains a response or note to any line in this Part V Test No Table Inter the number reported in Box 3 of Form 1996 Enter 0- if not applicable Define the number of promise AC3 included in the 1a Enter 0- if not applicable Define the number of promise AC3 included in the 1a Enter 0- if not applicable Define the number of promise AC3 included in the 1a Enter 0- if not applicable Define the number of employees reported on Form W-3. Transmittal of Wage and Tax Za Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, and the organization have an experiment to return the returns? Note, lifthe sum of lines 1a and 2a is greater than 290, you may be required to e-file (see instructions) 3a Did the organization have invested business gross income of \$1,000 or more during the year? 3b If "Yes," has if filed a Form 990-Tf or this year? If "No" to line 3b, provide an explanation in Schedule 0 A At any time during the calendary year, did not organization have an interest in or a signature or other unbinsty over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts in If Yes," enter the name of the foreign country. P See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FigAR) 15a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization back any annual gross recepts that are normally greater than \$100,000, and did the organization solical ary contributions and services provided to the payor? 15d Bank organization solical ary contributions under section 170(c). 15d Did the organization have annual gross recepts that are normally greater than \$100,000,	Part	V Statements Regarding Other IRS Filings and Tax Compliance			
The Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1b					
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 10 0 0 0 0 0 0 0 0	_		F	Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prace winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, odd the organization life all required federal employment tax returns? Note, If the sum of lines 1 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. b If "Yes," has if filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. a At any time during the celeandar year, did the organization have an interest in, or a signature or other authority over, a financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts [FBAR]) 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? b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? if "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at a post organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions of the value of the good and services provided to the payor? b If "Yes," and the organization feeder were year solicitation, to a personal benefit contract? f Did the organization state any exception of the value of the good or services provided? If "Yes," indicate the number of Forms 8282 filed during the	∙1a		<u> </u>		
a Enter the number of remployees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If, the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5b 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) 5b Und any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6d Dest the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d Use the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d Use the organization self and the very solicitation an express statement that such contributions or gifts were not tax deductible? 5d Use the organization self exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 5d If "Yes," indicate the number of Forms 8282 filed during the year 5d Use the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d If the organization received a contribution of using the year pay personal property of the regional property of the region organization self-excert any tindice mellectual	b		네	335	3.0
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2	С				280
Statements, filed for the calendar year ending with or within the year covered by this return 2			1c	36 kg (1947)	X
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines is and 2a is greater than 250, you may be required to e-life (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. At any time during the calendar year, did the organization have an interest in, or a signisture or other authority over, a financial account in a foreign country [such as a bank account, securities account, or other financial account?] b If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial account in a foreign country [such as a bank account, securities account, or other financial account?] b If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial account in a foreign country [such as a bank account, securities account, securities account, or other financial account in a foreign country [such as a bank account, securities account, or other financial account in a foreign country [such as a bank account, securities account, or other financial account in a foreign country [such as a bank account, securities account, or other financial accountry [such as a bank account, securities account, or other financial accountry [such as a bank account, securities accountry] b If "Yes," other the name of protegn country [such as a bank account, securities accountry [such as a bank account, securities accountry [such as a bank account, securities accountry [such as a bank account, such as a bank account, or other financial accountry [such as a bank accountry	¹ 2a				
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b H "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 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 accounts (FBAR) 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? 5b Us any taxable party nority the organization that it was or is a party to a prohibited tax shelter transaction? 6b Us any taxable party nority the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6c 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? 6c Justice with the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c Justice with the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? 8c Justice with the unimber of Forms 8282 filed during the year 9 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 9 Justice Promissions maintaining donor advised funds. 9 Justice Promissions maintaining donor advised funds. 10 Justice Promissions maintaining donor advised funds. 10 Justice Promissions maintaining donor advised funds. 10 Justice Promissions maintaining donor advis	_			200	
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 ≥			-		×
over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 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 (FPAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5 do 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 chantable contributions? 5 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 6 b If "Yes," indicate the number of Forms 8282 filed during the year 7 b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 b If the organization, during the year, pay premiums, directly or indirectly, to na personal benefit contract? 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 Did the organization samintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization maintaining donor advised funds. 11 Section 501(c)(7) organizations. Enter a finitiation fees and capital contributions included on Part VIII, line 12 Gross income from members or shareholders 10 Gross income from members	_		30		<u> </u>
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Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a ×	а		9a	<u> </u>	<u> </u>
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	b		9b	FMU/erasz	SURMAN
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a ×	10	· · · · · · · · · · · · · · · · · · ·	***		
Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a ×	a	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	4	4	
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 11a 11a 11b 11b 11b 11b 11c 11a 11b 11b 11c 11b 11c 11a 11b 11c 11b 11c 11c 11c 11c 11c 11c 11d 11d 11d 11d			-		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?		1 1	2.0		
against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year .			100		. 1
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	122	<u></u>	122	##100°	
Section 501 (c) (29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13b 13c	_		120	2500X	(MACKE
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13b 24 34 34 34 34 34 34 34 34 34		<u> </u>	-		
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 17b 17b 17c 18c 19c 19c 19c 19c 19c 19c 19		•	132	See 15	25000040H
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	a		.00	100 m	1877 F.W
the organization is licensed to issue qualified health plans	b		300	7/1	
c Enter the amount of reserves on hand	-	the eventuation is becaused to recommend to a large model and breakly release			
14a Did the organization receive any payments for indoor tanning services during the tax year?	С				
			14a	160709888	X
			<u> </u>		

Part	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 16		Tes Silvi	330
	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 committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		ii ×
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 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint are as members of the governor body?	5 6		×
b	one or more members of the governing body?	7a 7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			3
a b 9 ·	The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	8a 8b	×	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
	•		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates? 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?	10a 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 12a b	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? <i>If "No," go to line 13</i>	12a 12b		×
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	13		×
a b	The organization's CEO, Executive Director, or top management official	15a 15b	1	×
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 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		×
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		
Secti	on C. Disclosure		L	1
17 18	List the states with which a copy of this Form 990 is required to be filed ► OK. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available.	n 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	. >	124

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ra	чı	=	

Part V	II Comp	ensation of	Officers,	Directors,	Trustees,	Key Employe	es, Highest	Compensated	Employees	, and
	Indep	endent Cont	tractors							

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization no	r any relate	d org	anız			ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos eck s pe	rson irect	e than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of 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)	compensation from the organization and related organizations
(1) John Harper President	1.00	×		×				0.	0.	0.
(2) Rob Sellers Secretary	1.00	×		×				0.	0.	0.
(3) Jeff Frable Treasurer	1.00	×		×				0.	0.	0.
(4) Gary Crouch Director	1.00	×						0.	0.	0.
(5) Michael Hairston Director	1.00	×						0.	0.	0.
(6) Bob Morgenthaler Director	1.00	×						0.	0.	0.
(7) Terry Blain Director	1.00	×						0.	0.	0.
(8) Rick Broughton Director	1.00	×						0.	0.	0.
(9) Brad Thomas Director	1.00	×						0.	0.	0.
(10) Tony Espino Director	1.00	×						0.	0.	0.
(11) Daniel Hilton Director	1.00	×						0.	0.	0.
(12) Tom Shaughnessy Director	1.00	×						0.	0.	0.
(13) Pam Shimer Director	1.00	×						0.	0.	0.
(14) Mikey Manghum Director	1.00	×						0.	0.	0.

Part	Section A. Officers, Directors, Trust (A) Name and title	(B) Average	(do n	ot ch	Pos neck	C) ation more	e than o	one	(D) Reportable	(E)		(F) Estimated
		hours per week (list any hours for related organizations below dotted line)	office of directo				Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation related organization (W-2/1099-MI	ıs	amount of other compensation from the organization and related organizations
(15) R A	. Michael Carter thletic Director	1.00	×						0.	293,06	54.	30,222.
	obby Baehr xecutive Director	40.00	×						0.	28,99	57.	4,859.
												· · · · · · · · · · · · · · · · · · ·
(18)												
(19)						\vdash						
(20)								ļ <u>-</u>				<u> </u>
(21)												
(22)												
(23)								-	 			
(24)										_		
(25)								-				
1b c	Sub-total Total from continuation sheets to Part	VII, Sectio	on A				•	>	0.	322,02		35,081.
d	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organic	not limited	i to th	ose	lıst	ed a	<u>.</u> above	<u>►</u> e) w	ho received m	322,02 ore than \$10		35,081.
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							emp	oloyee, or high	nest comper	sated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual.											4 ×
5	Did any person listed on line 1a receive of for services rendered to the organization?		•				-		•	zation or indi	vidual	5 ×
	on B. Independent Contractors										****	
1	Complete this table for your five highest of compensation from the organization. Rep year											
	(A) Name and business addi							(B) Description of s	ervices	Co	(C) ompensation	
					_							
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ove) who	15	

Par	t VIII	Statement of Reve	enue						_
		Check if Schedule O	contains a	res	ponse or note t				<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	3 . <u> </u>	1a		1.5%	T		The state of the s
Gra	b	Membership dues		1b	73,477.		40.00	100	100
ts, An	C	Fundraising events .		1c	188,714.				Acres 18
를 를	d	Related organizations	<u>-</u>	1d	•				
Sim	e é	Government grants (con		1e				1.0	
utic Je	f	All other contributions, gi and similar amounts not inc		1f	885,967.	97.4			
불통		Noncash contributions includ	L		883,367.				
Contributions, Grits, Grants and Other Similar Amounts	9 h	Total. Add lines 1a-1			•	1,148,158.		190730	
	<u> </u>				Business Code		200		100000000000000000000000000000000000000
Ze Ze	2a	Member dues & a	ssessmen	ts	813410	13,406.	13,406.	0.	0.
2	b							-	
Κįς	С								
Ser	d								
Ē	e	***							
Program Service Revenue	l f	All other program sen Total. Add lines 2a-2			•	12 406	5036500777773555G		
	3	Investment income				13,406.	HARMAN COLLUS TRANSPORT	**************************************	Charles and Charle
	•	and other similar amo				11,950.	0.	0.	11,950.
	4	Income from investment	t of tax-exem	pt bo	ond proceeds ►	,			
	5	Royalties		٠.					- "
			(ı) Real		(ii) Personal	7,171	1000		A STATE OF THE STA
	6a	Gross rents							Open State
	b	Less: rental expenses							
	C	Rental income or (loss)			L				
	d 7a	Net rental income or (Gross amount from sales of	(IOSS) . (i) Securitie	<u> </u>	(ii) Other	SAMENICAE AGO OFFICE A		100 Table 100 Ta	
	14	assets other than inventory	(I) Occurre		(ii) Other		7.0		
	ь	Less cost or other basis						¥ 14	
		and sales expenses							
	С	Gain or (loss) .							
	d	Net gain or (loss)			•				
Ð			i		•			22/200	
enc	8a	Gross income from fu events (not including \$	indraising						
ě		of contributions reporte	188,714.	-					55
F		See Part IV, line 18	50 OH III O 10)	a	55,821.	E.			
Other Revenue	ь	Less direct expenses	3 .	b	41,742.				
	С	Net income or (loss) fi	rom fundrais	sing		14,079.	a same d	0.	14,079.
	9a	Gross income from ga	ımıng actıvıtı	es			800	2	The state of the s
		See Part IV, line 19	•	а					4.0
	b	Less direct expenses		b					
	С 10а	Net income or (loss) fr Gross sales of in		ess	vities . ►	Zeleg and a second second		Maria Ma	Part A. Line Co.
	100	returns and allowance		a					10 Pr 17 E
	ь	Less. cost of goods s		b					
	c Net income or (loss) from sales of invei		entory . ►						
		Miscellaneous Re			Business Code		100		
	11a	a				ARROW CONTROL OF THE PARTY OF T			
	b	b							
	C		•••••						
	d	All other revenue	4.4.4	l			Manager and Control of Toront 70 or	17 10 1 10 10 10 10 10 10 10 10 10 10 10 1	L ST SPANIS MINISTER IN AND ZOT
	е 12	Total revenue See in		•		1 100 101		2.78.89.40m	
	12	Total revenue. See in	istructions.		<u>.</u> . ▶	1,187,593.	13,406.	0.	26,029.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX.										
	t include amounts reported on lines 6b, 7b, , 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	799,574.	, 799,574.							
2 ,	Grants and other assistance to domestic individuals. See Part IV, line 22		٠, و		497.534					
.3.	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	- * * 3		7.0						
4 .	Benefits paid to or for members	+ 13,406.	·13,406.		and the second second					
5	Compensation of current officers, directors, trustees, and key employees	• ,			, , , , ,					
' 6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	. :	,							
9	Other employee benefits			* .	•					
10	Payroll taxes			4, 1						
.11 ,	Fees for services (non-employees)			٠ , .						
a	Management			· ·						
þ,	Legal	20 521	. 0.	. 20,521.	.0.					
d.	Lobbying	20,521.	<u> </u>	. 20,321.	1 1					
e.	Professional fundraising services See Part IV, line 17	94,933:		•	94,933.					
	Investment management fees	34,333.	- Control and the Control and	100 12 0 000 000 000 000 000 000 000 000	, ,,					
g	Other (If line 11g amount exceeds 10% of line 25, column	–			, ,					
_	(A) amount, list line 11g expenses on Schedule O)	149,309.	55,384.	• 93,925.	0.					
12	Advertising and promotion .	40,870.	6,319.	. 34,551.	0.					
13	Office expenses	20,541.	18,395.	1,088.	1,058.					
14	Information technology	8,799.	8,799.	0.	0.					
15 '	Royalties	, -	P. 1		•					
16	Occupancy	19,553.	19,553.	0.	. • 0.					
17	Travel	. 2,712.	73.	0.	2,639.					
18 ,	Payments of travel or entertainment expenses for any federal, state, or local public officials				, ,					
` 19	Conferences, conventions, and meetings	41,580.	41,580.	0.	0.					
20	Interest		•		•					
21	Payments to affiliates				• • • • • • • • • • • • • • • • • • • •					
22	Depreciation, depletion, and amortization	, , ,								
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	Community Relations	16,110.	16,110.	. 0.	. ' 0.					
b C	Bank Charges . All Sports Banquet	9,814.	0.	9,814.	0.					
q	Athletes Uniforms '.	13,618.	13,618.	· 0.	, 0.					
· e	All other expenses	13,616.	13,018.	· · · · · · · · · · · · · · · · · · ·	, , , ,					
25	Total functional expenses. Add lines 1 through 24e	1,251,340.	992,811.	. 159,899.	98,630.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs		, ,	. 133,033.	, 1					
	from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)			, +,	,					

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash-non-interest-bearing 300 1 0 2 Savings and temporary cash investments 1,370,149. 2 1,105,978. 3 Pledges and grants receivable, net 3 4 0 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less accumulated depreciation . . 10b 10c 11 Investments-publicly traded securities 55,883 11 63,010 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 200,000. 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,426,332. 16 1,368,988. 17 17 Accounts payable and accrued expenses . . . 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . Loans and other payables to current and former officers, directors, 22 iabilities 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 23 24 Unsecured notes and loans payable to unrelated third parties 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 25 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 1,230,156. 1,180,836. 28 Temporarily restricted net assets 196,176. 28 188,152. Fund I Permanently restricted net assets . . . 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 5 Assets 30 Capital stock or trust principal, or current funds . 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 Net 33 Total net assets or fund balances 1,426,332. 33 1,368,988 Total liabilities and net assets/fund balances . 1,426,332. 1,368,988.

Part	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)	1	1,1	87,5	93.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,2	51,3	40.
3	Revenue less expenses Subtract line 2 from line 1	3		63,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,4	26,3	32.
5	Net unrealized gains (losses) on investments	5		6,4	02.
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			1.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,3	68,9	88.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>	• ;	
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," ex Schedule O.	olaın ır	n l	Yes	No No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both		2 a		×
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.	 ed on a	2b	×	
С	separate basis, consolidated basis, or both: 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 org	ntant?	2c	×	
•	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	plaın ır	n		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth ir	า 3 a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	,	
			Forn	990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(E)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

• Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ORU Golden Eagle Club, Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . g Provide the following information about the supported organization(s) (i) Name of supported organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (ii) EIN (III) Type of organization listed in your governing (described on lines 1-10 support (see other support (see instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D)

Part							
•	(Complete only if you checked the						alify under
Saction	Part III. If the organization fails to pn A. Public Support	o quality unde	er the tests iis	stea below, p	· ease comple	ete Part III.)	-/
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	(u) 2010	(3) 2011	(0) 20.0	(4) 20.0	10,2011	(1) 1012.
·	membership fees received. (Do not include any "unusual grants")	F ,	•		, -	/_	. ,
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		. 21				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						, • · ·
4	Total. Add lines 1 through 3				/ -		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount.						
	shown on line 11, column (f)		10 (Marie 19)				•
6	Public support. Subtract line 5 from line 4	1992 to 1992	100	/	2124 Mary 2	7/0/L/W0/	
	on B. Total Support		/				•
Calend	dar year((or fiscal year beginning in) ▶	(a) 2013	(b) 2014/	(c) 2015	(d) 2016 ·	(e) 2017	(f) Total
, 7	Amounts from line 4	3	/ /	<u>-</u>			
,8	Gross income from interest, dividends,		. /			,	•
-	payments received on securities loans, rents, royalties, and income from similar sources			•			*
	Net income from unrelated business activities, whether or not the business is regularly carried on		,		. ,		• ,,,
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					. ,	
	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	/(see instruction	ons)			12	,
	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop/he		·		• • •	.	· <u> </u>
-	on C. Computation of Public Support Public Support percentage for 20,1/7 (line	_		1 column (f)		14 '	<u>.</u> %
15 16a,	Public support percentage from 2016 Sci 331/3% support test—2017. If the organ	hedule A, Part zation did not	II, line 14 . check the box	. c on line 13, ai	nd line 14 is 30	15	, %
	box and stop here. The organization qua	•	•	-			-
	b 331/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
	Private foundation. If the organization di instructions	id not check a	box on line 13,	, 16a, 16b, 17a 	a, or 17b, chec	k this box and	see ▶.□
	/						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sacti	on A. Public Support				· · · · · · · · · · · · · · · · · · ·	′	
		(=) 0010	(5) 0014	(-) 2015	(4) 2016	(a) 2017	(f) Total
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(i) iotai
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")	920,569.	746,867.	1,223,535.	1,133,717.	1,148,158.	5,172,846.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the			1	ļ		
	organization's tax-exempt purpose	85,401.	109,117.	14,677.	18,664.	13,406.	241,265.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid to				:		
	or expended on its behalf .						
_	·		**				
5	The value of services or facilities			ŀ			
	furnished by a governmental unit to the						
	organization without charge		<u></u> .				
6	Total. Add lines 1 through 5 .	1,005,970.	855,984.	1,238,212.	1,152,381.	1,161,564	5,414,111.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	207,308.	106,466.	145,224.	258,134.	239,698.	956,830.
b	Amounts included on lines 2 and 3		-				
	received from other than disqualified			,			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						i
С	Add lines 7a and 7b	207,308.	106,466.	145,224.	258,134.	239,698.	956,830.
8	Public support. (Subtract line 7c from	207,300.	300,400.	55.2 (MESS SHAP)	7275 7476 74 14	252 30000	330,030.
	line 6)						4,457,281.
Sacti	on B. Total Support	T AND THE PROPERTY OF THE PARTY	(4.70±10.00) - 40±10.00	SECTION OF SECTION AND SECTION	A 1-3-2-2-Sept-Approximate.	14 FORES COLL AND COLOR OF MARKET	14,451,201.
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6					1,161,564	5,414,111.
_		1,005,970.	855,984.	1,238,212.	1,152,381.	1,161,364	3,414,111.
10a	,						
ı	payments received on securities loans, rents,						
	royalties, and income from similar sources	10,074.	10,132.	11,646.	11,308.	11,950.	55,110.
b							İ
	section 511 taxes) from businesses						
	acquired after June 30, 1975				` `		
C	Add lines 10a and 10b	10,074.	10,132.	11,646.	11,308.	11,950.	55,110.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	1,016,044.	066 116	1 240 050	1 162 600	1 172 514	5,469,221.
14	First five years. If the Form 990 is for the						
• •	organization, check this box and stop he	•			•		,,, oo .(o,(o,
organization, check this box and stop here							
15	Public support percentage for 2017 (line 8			3 column (fl)		15	81.5 %
16	Public support percentage from 2016 Sch		-			16	80.01 %
	on D. Computation of Investment In				•	1 10	00.01 70
17				v line 12 eelise	mp (fl)	17	1 01 04
	Investment income percentage for 2017 (-			1.01 %
18	Investment income percentage from 2016					18	0.98 %
19a	331/3% support tests—2017. If the organ						
_	17 is not more than 331/3%, check this box		-	•		_	_
b	331/3% support tests—2016. If the organiz						
	line 18 is not more than 331/3%, check this I		-				_
20	Private foundation If the organization du	d not chock a l	hay an line 14	100 or 10b o	shook this box	and see instru	ctions -

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

٠		Yes	No
ig Dy	1		
is d	*. 2		
er	3a	015	
id ie	3b		
3)			
If	4a		
in On	4b	100	
on ed 3)	4c		
," N n; nn			
ly	5a 5b	<u> </u>	
	5c		
o d or	6	9	
or :h	7		
?	8		
e d	9a		
h	9b		edins.
it	9c		
n d			
0	10b		
	200	000 EZ	D 0047

Part	IV Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
	on B. Type I Supporting Organizations	1,,,,
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2 .	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2
Secti	on C. Type II Supporting Organizations	
•		Yes No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1
Secti	on D. All Type III Supporting Organizations	
	•	Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	*24 Yes Area
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions)
a	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	•
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity	see instructions).
. 2	Activities Test Answer (a) and (b) below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	V32 27/8 - 68/0
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
_	activities but for the organization's involvement	2b
3	Parent of Supported Organizations Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	tru lizat	st on Nov 20, 1970 (explai ions must complete Sectio	ns A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		;;
2 Recoveries of prior-year distributions	2	,	
3 Other gross income (see instructions)	3_		
4 Add lines 1 through 3.	4	•	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or]	
maintenance of property held for production of income (see instructions)	6	1.4	•
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			14 Page 20 20 20 20 20 20 20 20 20 20 20 20 20
instructions for short tax year or assets held for part of year):	3		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	•	
c Fair market value of other non-exempt-use assets	1c		
A d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		Secretary and the Secretary	4 - 4 - 4 - 4 - 4 - 4
factors (explain in detail in Part VI)	4		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		. I
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		-
.5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	•	
• 6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7_		
8 Minimum Asset Amount (add line 7 to line 6)	8	,	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	THE REST OF SAME	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to		Manager of Participation	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y in	tegrated Type III supporting	g organization (see
instructions)		•	

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions	Current Year					
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	orted					
	organizations, in excess of income from activity	<u> </u>					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	anizations				
	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
<u>6</u>	Other distributions (describe in Part VI) See instructions	 .					
	Total annual distributions. Add lines 1 through 6	L 11					
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions.	n trie organization is re:	sponsive				
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Elifo d'arridad by line o arridant		(ii)	(iii)			
Se	ection E - Distribution Allocations (see instructions)	(۱) Excess Distributions	Underdistributions	Distributable			
		Excess Distributions	Pre-2017	Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6	32.000	相对。一种创				
2	Underdistributions, if any, for years prior to 2017						
	(reasonable cause required - explain in Part VI). See						
	instructions						
3	Excess distributions carryover, if any, to 2017		The stage of the s	SACTOR TOWN			
a				STAGEST WEST			
b	From 2013 .						
C	From 2014		nder der Pess	Price of the Control of the Control			
d	From 2015		acalogo de anti-	25.000000000000000000000000000000000000			
<u> </u>	From 2016		reminute 25 to 1 constituti	Action Constitution of the			
f_	Total of lines 3a through e	DALAGO ANTO ANTO ANTO A PROPER TRANSPORTATION OF MICE					
<u>g</u>	Applied to underdistributions of prior years		141" / HPFM40570 JANOA - TOS OF CHESCASSION				
<u></u> .	Applied to 2017 distributable amount		PY CONTROL TO TAKE	70.64 - 4 5-4 MENNESEDEN VON VOR AUGUST			
<u>i</u>	Carryover from 2012 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	De DONALES PONTE DE LOS PROPERTOS DE LOS PONTES PONTES DE LOS PONTES DE					
4 ?	Distributions for 2017 from Section D, line 7 \$						
<u>a</u> b	Applied to underdistributions of prior years Applied to 2017 distributable amount	Carlos Ca					
_	Remainder Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if		0.000	70.00			
•	any Subtract lines 3g and 4a from line 2 For result						
	greater than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2017 Subtract lines 3h		7770	A CONTROL OF THE PARTY OF THE P			
•	and 4b from line 1 For result greater than zero, explain in		A Part of the State of the Stat				
	Part VI. See instructions.						
7	Excess distributions carryover to 2018 Add lines 3j						
	and 4c						
8	Breakdown of line 7	State of the second	e e e e e e e e e e e e e e e e e e e	4. 多是			
а	Excess from 2013						
b	Excess from 2014 .						
С	Excess from 2015	ALCO CAR BANKS					
d	Excess from 2016 .						
e	Excess from 2017 .						

Schedule A (Form 990 or 990-EZ) 2017

Pag	e	8

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

•••••	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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

2017

Open to Public Inspection

Name o	the organization		Employer identification number
ORU	Golden Eagle Club, Inc.		23-7164698
Par			ds or Accounts.
	Complete if the organization answered	(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 funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?		
Part	-		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e g, recrea		
	Protection of natural habitat	☐ Preservation of	a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contributio	
	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 easemen		2b
C	Number of conservation easements on a certified	• •	. 2c
d	Number of conservation easements included in historic structure listed in the National Register .		on a
3	Number of conservation easements modified, tran tax year ▶	sferred, released, extinguished, or term	ninated by the organization during the
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy re violations, and enforcement of the conservation ea		pection, handling of • Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing c	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin	ng, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i) ☐ Yes ☐ No
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easements	of the footnote to the organization's fina	•
Part	Organizations Maintaining Collection Complete if the organization answered		Other Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the f	r assets held for public exhibition, ed	ucation, or research in furtherance of
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relat	SFAS 116 (ASC 958), to report in its in assets held for public exhibition, ed	revenue statement and balance sheet
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			 ▶ \$
2	If the organization received or held works of art following amounts required to be reported under S		
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		► \$ ► \$

Page	2

Par	III Organizations Maintaining C	Collections of	Art, His	torical 1	reasures	, or Ot	her Similar	Ass	ets (cont	inued)
3	Using the organization's acquisition, accollection items (check all that apply)									
а	☐ Public exhibition		d	☐ Loan	or exchang	ge progi	rams			
b	☐ Scholarly research		е	☐ Other	•					
С	☐ Preservation for future generations									
4	Provide a description of the organizatio XIII.	on's collections a	and expla	ain how ti	hey further	the org	anızatıon's e	xemp	ot purpose	ın Part
5	During the year, did the organization so assets to be sold to raise funds rather the							mılar		□ No
Part	IV Escrow and Custodial Arran	gements.						_		
	Complete if the organization a 990, Part X, line 21.									orm
1a	Is the organization an agent, trustee, or included on Form 990, Part X?						other assets	onot .	☐ Yes	□ No
b	If "Yes," explain the arrangement in Part	t XIII and comple	ete the fo	llowing ta	able.					
								Am	ount	
С	Beginning balance	•	•			1c	 			
d	Additions during the year	•		•	•	1d				
e	Distributions during the year		•	•	•	1e				
f On	Ending balance			01 6000		1f		uluta /2	□ V oo	□ No
2a h	Did the organization include an amount If "Yes," explain the arrangement in Part								1e3	
Par		t Alli. Offeck field	5 II (IIIC C	фіапаціо	i ilas beeli	provide	OIII ait XII	<u>'</u>		
	Complete if the organization a	answered "Yes'	on For	m 990. F	Part IV. lin	e 10.				
		(a) Current year		or year	(c) Two yea		(d) Three years	back	(e) Four yea	ars back
1a	Beginning of year balance					<u> </u>				
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships .									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance .									
2	Provide the estimated percentage of the	-	d balanc	e (line 1g	, column (a	a)) held a	as			
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%	2004							
3a	The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the p			zation tha	at are held	and adi	ministered fo	r the		
oa	organization by	possession or in	e organi	Lation the	at are rield	and adi	imilistered to	1 1110	Ye	s No
	(i) unrelated organizations								3a(i)	3 110
	(ii) related organizations .	•	•	•				•	3a(ii)	+-
b	If "Yes" on line 3a(ii), are the related orga	anizations listed	as requi	red on Sc	hedule R?				3b	
4	Describe in Part XIII the intended uses of									-
Part	VI Land, Buildings, and Equipm	nent.					 -			
_	Complete if the organization a	inswered "Yes'	on For	m 990, F	Part IV, line	e 11a. S	See Form 99	90, P	art X, line	e 10.
	Description of property	(a) Cost or oth (investme			r other basis ther)		Accumulated preciation		(d) Book va	alue
1a	Land					Berghad &	(方向有限)	5		
b	Buildings									
С	Leasehold improvements									
d	Equipment							 		
<u>e</u>	Other			<u> </u>	(5)	<u> </u>		+		
ı otal.	Add lines 1a through 1e (Column (d) mus	st equal Form 99	30, Part λ	(, column	(B), line 10	JC.)	🕨	1		

Part VII	Investments – Other Securities		000 David IV Iva	aa 11b. Caa Farm	OOO Dort V line 10
	Complete if the organization ans				hod of valuation
	(a) Description of security or categor (including name of security)	y 	(b) Book value		of-year market value
(1) Financia	derivatives				
•	neld equity interests				
(3) Other					
(A)					
(B)					
(C) (D)			-		
(E)				+	
(F)				-	
(G)				 	
(H)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶				2100
Part VIII	Investments-Program Relate	d.			
	Complete if the organization ans	wered "Yes" on Fo	rm 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		hod of valuation -of-year market value
(1)					
(2)		·-			
(3)					<u> </u>
(4)					
(5) (6)					
(7)				-	
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13)			315 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Part IX	Other Assets.				
	Complete if the organization ans		rm 990, Part IV, Iır	ne 11d. See Form	
		a) Description			(b) Book value
	rom affiliate				200,000.
(2)					
(3)					
(4)					
(5) (6)		<u>-</u>			
(7)					
(8)			·		-
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, c	ol (B) line 15) .		🕨	200,000.
Part X	Other Liabilities.				
	Complete if the organization ans line 25.	wered "Yes" on Fo	rm 990, Part IV, Iır	ne 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value	277.00.00		Market South
(1) Federal in	come taxes			Fare State	
(2)					
(3)					
(4)					range and the Contract of the
(5)					
(6)					
(7)					
(8)					
(9)					
	p) must equal Form 990, Part X, col (B) line 25) ▶				
2. Liability for	uncertain tax positions. In Part XIII, provi	ide the text of the footr	ote to the organizatio	n's financial stateme	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part				Retur	n.
	Complete if the organization answered "Yes" on Form 990,	Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		• •	202748888	1,235,737.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ء ا			
a	Net unrealized gains (losses) on investments	2a	6,402.		
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII)	2d			C 400
e	Add lines 2a through 2d			2e	6,402.
3	Subtract line 2e from line 1	1		3	1,229,335.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	١.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-41,742.		41 740
c	Add lines 4a and 4b	101	• •	4c	-41,742.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,187,593.
Part				er Heu	urn.
	Complete if the organization answered "Yes" on Form 990,	Part	iv, line iza.	1 4 1	
1	Total expenses and losses per audited financial statements .			2malderia	1,293,081.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	10-	1		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII)	2d	41,742.		47 740
e	Add lines 2a through 2d		•	2e	41,742.
3	Subtract line 2e from line 1	1		3	1,251,339.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	١.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1.		3
C	Add lines 4a and 4b	a 10)	•	4c	1.251.240
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 10)	<u> </u>	<u> </u>	1,251,340.
Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4 4 · D	last IV lines 1b and 2b	· Dart \	/ line /: Part Y line
	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part				
2, 1 011	Al, lines 20 and 40, and 1 are All, lines 20 and 40 Also complete this pare	to pre	ovide any additional in		
				· 	
Pt X	I, Line 4b: Fundraising event expenses \$41,742				
Pt X	II, Line 2d: Fundraising event expenses \$41,742				
	<u> </u>				
Pt X	II, Line 4b: Rounding \$1				
					•••
					•••••
	•••••••••••••••••••••••••••••••••••••••				
					•••••
	•••••••••••••••••••••••••••••••••••••••				
•					
	•••••••••••••••••••••••••••••••••••••••				

Schedule D (Fo	rm 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	•
		•
		-
•		•••
		••••
		•
		••••
		•

. SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ

Department of the Treasury

OMB No 1545-0047

Internal	Revenue Service		► Go to www i	ırs gov/Form!	990 for the la	test instructions.		Inspection
	of the organization						Employer identific	ation number
		gle Club, Inc					23-7164698	
Par		ising Activities. 90-EZ filers are n				rered "Yes" on I	Form 990, Part IV, I	ine 17.
1						wing activities C	Check all that apply	<u></u>
' a	Mail solicit		Traised lands th		_	on of non-govern		
b	=	nd email solicitation	ns	f [on of government	-	
c	➤ Phone soli			· -		fundraising events	-	
d	=			9 🖴	, openia.	unter allemig en emis		
2a	Did the organi	ization have a writ					icers, directors, truste	
							fundraising services?	
b		he 10 highest paid I at least \$5,000 by			draisers) pu	irsuant to agreem	nents under which the	e fundraiser is to be
	(i) Name and addre		(II) Activity	custody or	draiser have ir control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
				Yes	No	<u>-</u>		
10	ral Roberts	s University			-	1		
			See Part IV		×	674,340.	94,933.	579,407.
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total						674,340.	94,933.	579,407.
3		_	nization is regist	ered or lice	ensed to se		ns or has been notifie	

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

		gross receipts greater that	ın \$5,000			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Diamond Dinner	Golf Marathon	3	(add col (a) through col (c))
a)			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	61,700.	51,985.	130,850.	244,535.
α	2	Less Contributions	28,770.	51,985.	107,959.	188,714.
	3	Gross income (line 1 minus	20,7.70.	22,7303.		
		line 2)	32,930.	0	22,891.	55,821.
	4	Cash prizes			la de la comuni	
	5	Noncash prizes	225.		4,650.	4,875.
sesus	6	Rent/facility costs			8,502.	8,502.
Oirect Expenses	7	Food and beverages	4,469.	96.	16,758.	21,323.
Direc	8	Entertainment			311.	311.
	9	Other direct expenses .	1,524.	1,347.	3,860.	6,731.
	10 11	Direct expense summary Ad Net income summary Subtra			•	41,742. 14,079.
Pa	rt III	Gaming. Complete if the			00, Part IV, line 19, or	
		than \$15,000 on Form 9	90-EZ, line 6a			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary Ad	ld lines 2 through 5 in co	olumn (d)	•	
	8	Net gaming income summary	y Subtract line 7 from li	ne 1, column (d)	•	
	a Is	nter the state(s) in which the on the organization licensed to co 'No," explain		s in each of these states		☐ Yes ☐ No
10 a		ere any of the organization's g 'Yes," explain	amıng licenses revoked	•	•	

11	Door the organization conduct gaming activities with assmanhers?	☐ Yes ☐) Nia
12	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes ☐	
13	Indicate the percentage of gaming activity conducted in		_
а	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 ▶		
	Address►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes ☐] No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
С	amount of gaming revenue retained by the third party ► \$		
	Name ▶		
	Address►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes ☐) No
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			
	2b col(111): Professional fundraising activities included promotion of ium seating and scholarship funding.		
	2b col(v): In addition to the fees reported as paid to the professional		
und	raiser, the organization reimbursed the fundraiser for travel expenses in amount of \$5,378.		

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Inspection

Employer identification number

% □ X Yes 23-7164698 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? General Information on Grants and Assistance ORU Golden Eagle Club, Inc

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any recipient that received more than \$5,000, Part II can be dublicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated it additional space is needed	tor any recipieni	that received mo	ore than \$5,000.	Part II can be d	uplicated if addition	onal space is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ORAL ROBERTS UNIVERSITY 7777 S LEWIS AVE TULSA OK 74171	73-0739626	501(C)(3)	542,442.				Scholarships
(2) ORAL ROBERTS UNIVERSITY 7777 S LEWIS AVE TULSA OK 74171	73-0739626	501 (C) (3)	257,132.				Athletic Progs
(3)							
(4)							
(5)							
(9)							
ω							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	n 501(c)(3) and go	vernment organiza	tions listed in the l	ne 1 table .			
3 Enter total number of other organizations listed in the line 1 table	organizations liste	d in the line 1 table					0

Schedule I (Form 990) (2017)

REV 03/08/19 PRO

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant REV 03/08/19 PRO Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III BAA ო 4 2 9

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number ORU Golden Eagle Club, Inc. 23-7164698 **Questions Regarding Compensation** 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items ☐ Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence □ Travel for companions ☐ Health or social club dues or initiation fees ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment? or reimbursement or provision of all of the expenses described above? If "No," complete Part III to Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? 4a 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe' If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

'Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	2 m 'C 100000 'm '	approach color	≟ [io chat individual.
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable	other deferred compensation	(b) Nontaxable benefits	(E) Total of columns (B)(I)–(D)	in column (B) reported as deferred on prior
								Form 990
R. Michael Carter	=	0	.0		.0	.0	.0	
1 Athletic Director	Ξ	221,906.	61	9,646.	7,069.	23	323	.0
	(3)							
2	Ξ							
	Ξ							
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Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines for any additional information.	Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
•	
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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

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
ORIL Golden Eagle Club, Inc.

Employer identification number

ONO Golden Bagle Club, Inc.
Pt VI, Line 11b: The returns are presented to the Executive Committee for review
prior to being presented to the entire Board for review and approval to file.
Pt VI, Line 19: Upon request - written or verbal - by the individual requesting
such information.
Pt XI: Line 9 - Rounding \$1.
Pt III, Line 4d:
Expenses: \$193,236 including grants of: \$0 Revenue: \$13,406
Description: PROVISION OF MEALS AND REFRESHMENTS FOR MEMBER EVENTS
ALL SPORTS BANQUET FOR ORU ATHLETES PROVISION OF EXPENSES FOR VARSITY CLUB ACTIVITIES
PROVISION OF APPAREL AND REFRESHMENTS FOR MEMBERS PROVISION OF LETTER JACKETS FOR ORU ATHLETES
Pt IX, Line 11g:
Description: Contract Labor
Total: \$149,309
Program services: \$55,384
Management and general: \$93,925
Fundralsing: \$0
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

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OMB No 1545-0047

Inspection

Employer identification number 23-7164698 Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33 ORU Golden Eagle Club, Inc.

(a) Name, address, and EIN (if applicable) of disregarded entity	Prima	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	ling
(i)							
(2)							
(3)					1	e de la composition della comp	
(4)							
(9)							
(9)							
Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	is. Complete if the tax year.	e organization ar	I swered "Yes" on	Form 990, Part	IV, line 34, beca	ause it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13)
						Yes	ê
(1) ORAL ROBERTS UNIVERSITY 73-0739626 7777 S LEWIS AVE TULSA OK 74171	HIGHER EDUCATION OK	ОК	501 (C) (3)	2	N/A		×
(2)							
(6)				-			
(4)							
(5)							ŀ
(9)							
(2)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA	A REV 03/08/19 PRO	19 PRO			Schedule	Schedule R (Form 990) 2017	201

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1-1	11-1			1-7	5		1-7	1-1	17	3		7.0
Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(a) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	t Share of total add. Income m		(g) Share of end-of- year assets	(n) Disproportionate allocations?	Code V–UBI amount in box 20 of Schedule K-1 (Form 1065)	General or 0 managing partner?		(k) Percentage ownership
				-				Yes No		Yes	ž	
(1)												
(2)								-				
(3)								-				
(4)												
(5)												
(9)							E				1	
(7)						<u>.</u>						
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	lelated Organizat had one or more i	i ons Taxable related organi	as a Corpora zations treate	ation or Trus d as a corpor	it. Complete ation or trus	e if the orga st during th	anization e tax yea	answer	ed "Yes" on Fo	orm 99	0, Pa	π IV,
(a) Name, address and EIN of related organization	J organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity (C	(e) Type of entity (C corp. S corp. or trust)		Share of total Income	(g) Share of Pend-of-year assets	(h) Percentage ownership	Section	(i) Section 512(b)(13) controlled entity?
		::									Yes	s No
(1)												
(2)												
(6)							_				<u> </u>	
(4)												
(5)												
(9)												
(7)	1											
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Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	Fransactions With
wered "Yes" on Form 990, Part IV, line 34, 35b, or	Related (
wered "Yes" on Form 990, Part IV, line 34, 35b, or	Organizations.
wered "Yes" on Form 990, Part IV, line 34, 35b, or	Complete If
wered "Yes" on Form 990, Part IV, line 34, 35b, or	the organizatio
on Form 990, Part IV, line 34, 35b, or	n answered
art IV, line 34, 35b, or	"Yes" on Form
0,0	990, Part IV
0,0	, line 34,
	ō,

Note: C	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				<u>\</u>	Yes	8
1 Du	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	more related organi	izations listed in Parts		***	***	
a Rec	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		×
p Gif	Gift, grant, or capital contribution to related organization(s)				1 1	×	
s Gff	Gift. grant, or capital contribution from related organization(s)				10		×
d Log	Loans or loan quarantees to or for related organization(s)				19		×
						$\frac{1}{1}$,
9	Loans of Ioan guarantees by related organization(s)				Je		×
f Div	Dividends from related organization(s)				+		×
	Sale of assets to related organization(s)	•		•	5		>
	c of assets to related organization(s)			-	S ;	+	,
	rucciase of assets from refated organization(s)				=	+	×
- Ex	Exchange of assets with related organization(s)				;=		×
j Leŝ	Lease of facilities, equipment, or other assets to related organization(s)				Έ		×
					By Street		
k Lea	Lease of facilities, equipment, or other assets from related organization(s)			<u></u>	*	\dashv	×
- Per	Performance of services or membership or fundraising solicitations for related organization(s)				=	\dashv	×
n Per	Performance of services or membership or fundraising solicitations by related organization(s)				E	×	
n Sh	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				디	×	
o Sh	Sharing of paid employees with related organization(s)				10	×	
					*8	2442	
o Rei	Reimbursement paid to related organization(s) for expenses				10	×	
	Reimbursement paid by related organization(s) for expenses				19	- 1	×
	Other transfer of cash or property to related organization(s)				7-		×
,,	Other transfer of cash or property from related organization(s)				18	×	
2 If th	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	plete this line, inclu	iding covered relation	ships and transactio	on thres	holds	s
	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved	g amount	involve	p
£							
(2)							
69							
				:			
(4)							
(5)							
(9)							
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships (a) (b) (c) (d) (e) (f) (g)	ganization See	instructions re	egarding exclusion (d)	on for certs (e)	ain investment pa	artnerships (9)	(E)	(e)	3	(k)
Name, address and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded	Are all partners section 501(c)(3)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	10	General or managing partner?	Percentage ownership
			sections 512-514)	Yes No			Yes No	(000)	Yes No	
			Table 1 Control of the Control of th							
			REV 03/	REV 03/08/19 PRO				Sche	dule R (For	Schedule R (Form 990) 2017

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	Supplemental Information.				
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions				
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