Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

→ COO (as instructions and the latest information. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

A	For the	2017 calendar year, or tax year beginning $$ JUN $$ 1 , $$ 20 $$ 17 $$ and	ending I	<u>MAY 31, 2018</u>								
В	Check if applicable	FRATERNAL ORDER OF EAGLES										
	Addres	AERIE 1243										
	Name change	Doing business as		41-0265420								
	initial return Final return/	Number and street (or P 0 box if mail is not delivered to street address) 210 E FOURTH STREET	Room/suite		er -452-3409							
	termin- ated			G Gross receipts \$	6,291,622.							
Г	Amended WINONA, MN 55987 H(a) Is this a group return											
F	Application			for subordinates								
_	pendin	SAME AS C ABOVE	6M	H(b) Are all subordinates	— —							
$\overline{}$	Taylovo	empt status:	or 🗐 52	-	a list. (see instructions)							
	Website: ► N/A H(c) Group exemption number ►											
_		organization X Corporation	I Ven		M State of legal domicile MN							
	art I	Summary	L 10a	i or iornation 1300 j	Vi State of legal doffliche 1111							
LEC		Briefly describe the organization's mission or most significant activities: FRAT	ERNAT.	SOCIAL CLUB								
Activities & Governance	1 1	briefly describe the organization's mission of most significant activities.		DOCTIM CECE	<u></u>							
Ē	2	Check this box Fig. if the organization discontinued its operations or dispo	sed of mo	re than 25% of its net a	ssets.							
Ş	1	Number of voting members of the governing body (Part VI, line 1a)		3	11							
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	11							
න් ග	1	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	18							
iţi		Total number of volunteers (estimate if necessary)		6	70							
⋛	7.	Total unrelated business revenue from Port VIII. solution (C) lines 2	 3	7a	22 262							
ĕ	/ a	Total unrelated business revenue from Part VIII, column (C), ine-12EIVED	ŀ	7 <u>a</u>	0.6.601							
_	D	Net unrelated business taxable income from Form 990-T line 34	7 8/1									
		Contributions and grants (Part VIII, line 1h)	ŏ ⊢	Prior Year 495.	Current Year 0.							
ne		TO!	RS-0	4,028.								
Revenue		Program service revenue (Part VIII, line 2g)	╜╬╎├─									
, B	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)OGDEN, UT	` I ⊢	2,175.								
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9 5, 10c, and 11c)	┈┈┛┟┈	207,516.								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		214,214.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	_	58,200.	59,237.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		73,222.	52,750.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.								
×	Ь	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		*							
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		45,844.	90,718.							
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u></u>	177,266.								
	19	Revenue less expenses. Subtract line 18 from line 12		36,948.	13,827.							
200			В	eginning of Current Year	End of Year							
sets	20	Total assets (Part X, line 16)		338,641.	344,806.							
ASS	21	Total liabilities (Part X, line 26)		31,006.	29,255.							
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		307,635.	315,551.							
P	art II	Signature Block										
Und	ler pena	lities of perjury, I declare that I have examined this return, including accompanying schedule	es and state	ments, and to the best of r	ny knowledge and belief, it is							
		t, and complete. Declaration of preparer (other than officer) is based on all information of w										
		Mary J. Deering		5/1	5/19							
Sig	ın	Signature of officer		Date								
He		MARY DEERING, WORTHY PRESIDENT										
		Type or print name and title										
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN							
Pai	d	CINDY BROWN CINDY BROWN		05/14/19 if self-emplo	I							
	parer	Firm's name RUSSELL & ASSOCIATES, LLC		Firm's EIN	71-0959317							
		Firm's address 111 RIVERFRONT STE 401		Timi 3 City								
Uat	Use Only Firm's address 111 RIVERFRONT STE 401 Phone no 507-452-3100											
	[V]											
		RS discuss this return with the preparer shown above? (see instructions)										
732	001 11-2	8-17 LHA For Paperwork Reduction Act Notice, see the separate instruct	ions.		Form 990 (2017)							

Form	n 990 (2017) AERIE 1243 4	1-0265420	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE FATERNAL ORDER OF THE EAGLES, AN INTERNATIONAL NON-PR	OFIT	
	ORGANIZATION, UNITES FRATERNALLY IN THE SPIRIT OF LIBERTY	, TRUTH,	
	JUSTICE, AND EQUALITY, TO MAKE HUMAN LIFE MORE DESIRABLE	BY LESSENI	NG
	ITS ILLS, AND BY PROMOTING PEACE, PROSPERITY, GLADNESS AN		•
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	X No
3			
	If "Yes," describe these changes on Schedule O.	secured by expenses	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses,	anu
	revenue, if any, for each program service reported.	 	
4a	(Code) (Expenses \$,
	PROVIDE MEMBERS OF THE ORGANIZATION WITH A SOCIAL AND REC		
	FACILITY. THE MEMBERSHIP ALSO SPONSORS VARIOUS CHARITABL	E EAFMIS	
			_
		····-	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	AWARDED GRANTS TOTALING \$59,237 TO 17 LOCAL YOUTH PROGRAM	GROUPS IN	
	SUPPORT OF THEIR YOUTH SPORTS ACTIVITIES AND/OR FACILITY	EXPENSES A	ND
	TO 26 COMMUNITY AGENCIES IN SUPPORT OF THEIR CHARITABLE S	ERVICE	
	PROGRAMMING FOR THE WINONA AREA THROUGH THEIR CHARITABLE	LAWFUL	
	GAMBLING OPERATIONS.		
		· · · · · · · · · · · · · · · · · · ·	
4c	(Code) (Expenses \$) (Revenue \$,
70	(Code / (Expenses \$\psi including grains of \$\psi / (Nevende \$\psi)		·
			 .
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶		

Form **990** (2017)

41-0265420

Form 990 (2017) AERIE 1243
Part IV Checklist of Required Schedules

1 is the organization described in section 501(c)(S) or 4947(c)(1) (other than a private foundation)? If ''Res', complete Schedule B, Schedule B, Schedule B, Schedule B, Schedule B, Schedule C Contributors? 2 is the organization required to complete Schedule B, Part II 3				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors 3 Did the organization regime in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 5 is the organization assettion 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule C, Part II 6 Did the organization maintain any clonic advised funds or any similar funds or accounts for which dinors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II 7 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic afficiency of a fundational funds or accounts? If 'Yes,' complete Schedule D, Part II 7 Did the organization report an amount in Part X, line 21, for escrow or outstodial account liability, serve as a custodian for amounts and listed in Part X, or provide credit conseiling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part II 8 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 If 'Yes,' complete Schedule D, Part II 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 If 'Yes,' complete Schedule D, Part X II 10 Did the organization report an amount for other abstitute in Part X, line 12 If Yes,' complete Schedule D, Part X II 11 Did the organization report an amount for other abstitute in Part X, line 12 It has to 5% or more of its total assets reported in Part X, line 187 If 'Yes,' complete Schedule D, Part X II 11 Did the organization report an amount	1		_		v
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 601(6)0 organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the fax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(h) (s) 501(6)(5) or 501(6)(6) organization that receives membership dues, assessments, or similar amounts as defined in Pevenue Procedure 98-197 If "Yes," complete Schedule C, Part III By Did the organization maintain any donor adversed funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation essement, including essements to present open space, the environmenth, historical fearse, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization maintain and environment of the organization intensity of the organization intensity of the organization intensity of though a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-indowments? If "Yes," complete Schedule D, Part VII Did the organization report an amount for lend, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 107 If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 107 If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 107 If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 107 If "Yes," complete Schedule D, Part X II Did the organization report an amount for the limitation of the part X, line 107 If "Yes," complete Schedule D, Part X I	_				
public office? If 'Yes,' complete Schedule C, Part I Section 501(6)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(6) election in effect during the tax year? If 'Yes,' complete Schedule C, Part III Is the organization a section 501(6)(4), 501(6)(5), or 501(6)(5) organization that receives membership dues, assessments, or amiliar amounts as defined in Reviews Persone 91:97 If 'Yes,' complete Schedule C, Part III Did the organization menitaria any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II Did the organization mentan and areas, or historic attributions? If 'Yes,' complete Schedule D, Part III Did the organization mentan and collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III Did the organization mentan and 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 counselling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV Did the organization report an amount for lead, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for lead, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for lead buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 18? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for lead buildings, and equipment in Part X, line 19? If 'Yes,' complete Schedule D, Part XI Did the organization report an amount for lead buildings, and equipment in Part X, line 19? If 'Yes,' complete Schedule D, Part XI Did the organization report an amount for lead seases in P			2		
Section 501(e)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III as the organization assertion 501(k)(4), 501(k)(5), or 501(k)(6), or 601(k)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III but the organization maintain any donor advised flunds 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 II and the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II and the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II and the organization areas and areas, or historic structures? If "Yes," complete Schedule D, Part II and the organization areas and the areas and the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II and the organization and areas or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part IV If the organization report an amount for lined, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV If Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X If Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X If Did the organization report an amount for other assests in Part X, line 15? If "Yes," complete Schedule D, Part X	3		_		v
during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99.19? If "Yes," complete Schedule C, Part III Did the organization mematian 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 II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic tail areas, or historic structures If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IVI 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, ine 18? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - other securities in Part X, line 19 that is 5% or more of its total assets reported in Part X, ine 18? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, ine 18? If "Yes," complete Schedule D, Part X III Did the organization seport an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If			3		
5 Is the organization a section \$01(c)(4), \$01(c)(6), or \$01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-919 // "Yes," complete Schedule C, Part III 6 Did the organization meanter and yodons 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment or facility. The provide advice on the distribution or investments to preserve open space, the environment, historical areas or historical treasures, or other similar assets? // "Yes," complete Schedule D, Part IV Did the organization manual mount 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? // "Yes," complete Schedule D, Part V iii. If the organization amount or introduce organization, hold assets in temporarily restricted endowments, permanent endowments, or quasisendowments? // "Yes," complete Schedule D, Part V iii. If the organization saver to any of the following questions is "Yes," then complete Schedule D, Part V iii. If the organization report an amount for investments or other securities in Part X, line 10? If "Yes," complete Schedule D, Part V iii. Iii. X Did the organization report an amount for investments or other saves 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 X iii. Iii. X Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X iii. Iii. X Did the or	4			ľ	
samilar amounts as defined in Revenue Procedure 84.91 ft "kes," complete Schedule C, Part III 5	_		_ 4		
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 Did the organization reserve 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 Side Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Side 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 counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V II If the organization, Provide or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - program related 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 V II Did the organization report an amount for westments - 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 X II Did the organization or sport an amount for other liabilities 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 X III Did the organization of Part X III Did the Organiza	5		_		Y
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7				_	
To Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Ves," complete Schedule D, Part III Schedule D, Part III Did the organization amount in Part X, line 21, for escrow or outstodial 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 "Ves," complete Schedule D, Part IV Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of fits total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of fits total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of fits total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI Did the organization separate in expendent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization separate in expendent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the Uni	0		6		x
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7	7		-		
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III D 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 D Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V II if the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, as a applicable. D Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII D Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII D Did the organization report an amount for westments - other securities 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 VII 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 VIII D D 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 VIII D D the organization report an amount for other lashilities 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 X III D D the organization orbitin separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts X III III X Was the organization have aggregate revenues or expenses of more	′		7		x
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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 V 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 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 13 Did the organization report an amount for investments - other securities 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 VII 14 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 VII 15 Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 16 Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 16 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 17 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XI 18 Did the organization maintain an office, employees, or agents outside of the United States? 19 Did the organization maintain an office, employees, or agents outside of the United States? 19 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for rany foreign origanization report on Part IX, column (A), line 3, m	0		8		X
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Form 990 (2017) AERIE 1243

Part IV Checklist of Required Schedules (continued)

20a but the organization operate one or more hospafal facilities? If "Yes," complete Schedule I have "to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 bid 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 III 21 bid the organization report one 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 X 23 Did the organization answer "Yes" to Part VII, Section A, line 34, or 6 shout compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If If "Yes," complete Schedule IX Parts I and III 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 used after December 31, 2002? If "Yes," answer line 24b through 24d and complete Schedule IX If "No", go to line 25a 25a Section \$016(33, 5016(48), and \$016(28) organizations. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25b Bid the organization maintain an escrow account other than a refunding escrow at any time during the year? 25c Section \$016(33, 5016(48), and \$016(289) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction have the approach of any of the organization provide a grant or other assistance to an officer, director, trustee, ley employees, or disqualified persons? If "Yes," complete Schedule I, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, or expendition special provides schedule II, Part	+ 47)	3 to 1 Officialist of Frequired Confederes (Continued)		V	N1 -
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization avaire 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustee, which are demonstrated persons? If "Yes," complete Schedule persons? If "Yes," complete Schedule I, Part III 25b Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV and any instructions for applicable fling thresholds, conditions, and exceptions): 27					<u>X</u>
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c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I 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 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II 33 Did 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 If "Yes," complete Schedule R, Part V, line 2 38 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 38 Ji "Yes," complete Schedule R, Part V, line 2 39 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 39 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 30 Note. All Form 990 filers are required to complete Schedule O for Part VI, lin	b		28b		Х
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Form 990 (Note. All Form 990 illers are required to complete Schedule O			(OO4 =

FOITH 990 (2017)	******			
Part V Stat	tements Regarding	Other IRS	Filings and Tax	Compliance

	Check if Schedule O contains a response or note to any line in this Part V					<u> </u>	
	•				Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9			2 3	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	-	(, <u> </u>	ľ `	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ble gamıng	1	" '	1	
	(gambling) winnings to prize winners?		•	1c	X		
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	2a	18		_23		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	ns?		2b	X		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			, _		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3ь	X	<u> </u>	
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 account)?							
b	If "Yes," enter the name of the foreign country:			"		İ	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	its (FBAR).				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X _	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	•	5b		X	
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne orga	anization solicit			١	
	any contributions that were not tax deductible as charitable contributions?			6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions o	r gifts				
	were not tax deductible?			6b		ļ	
7	Organizations that may receive deductible contributions under section 170(c).			_ 4		1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices į	provided to the payor?	7a		X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b_		<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired	_		Х	
_	to file Form 8282?	l _ .	ł	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d	<u> </u>	7e		Х	
e							
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
9	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		\vdash	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		ļ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	i by th	е	8		١.	
^	sponsoring organization have excess business holdings at any time during the year?					ļ	
9	Sponsoring organizations maintaining donor advised funds.			9a		1	
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		 	
10	Section 501(c)(7) organizations. Enter:			- 30			
	Initiation fees and capital contributions included on Part VIII, line 12	10a]				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:		J	1			
	Gross income from members or shareholders	11a					
	Gross income from other sources (Do not net amounts due or paid to other sources against			1 .	ŀ.,		
•	amounts due or received from them.)	11b		`			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a	"	1	
	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.		·-	1			
	Is the organization licensed to issue qualified health plans in more than one state?			13a	<u> </u>	T	
-	Note. See the instructions for additional information the organization must report on Schedule O.				·	T****	
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	13b]] ,	
c	Enter the amount of reserves on hand	13c]	<u> </u>		
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b			
				Forn	990	(2017	

41-0265420 AERIE 1243 Page 6 Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI		_			X		
Sec	tion 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	11	. i.		,		
	If there are material differences in voting rights among members of the governing body, or if the governing			7		1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	11		,	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other					
	officer, director, trustee, or key employee?			2	Х			
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?		·	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5	X			
6	6 Did the organization have members or stockholders?							
	Did the organization have members, stockholders, or other persons who had the power to elect or a	nloga	t one or					
	more members of the governing body?	.,-,-		7a	X			
h	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
-	persons other than the governing body?							
8								
	·							
	a The governing body? b. Each committee with authority to act on behalf of the governing body?							
9	 b 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 							
8	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acried	at the	9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Peveni	ue Code)		1			
Sec	tion B. Foncies (This Section B requests information about policies not required by the internal r	ieveni.			Yes	No		
100	Did the organization have local chapters, branches, or affiliates?			10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such	chante	re affiliates	1.00		1		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	Jiiapic	is, arimatos,	10b				
110	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	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? If "No," go to line 13	a ta aa	nflicte?	12a 12b	X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			120		 		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res, c	escribe	12c	x	ļ		
40	In Schedule O how this was done			13	X			
13	Did the organization have a written whistleblower policy?			14	X	 		
14	Did the organization have a written document retention and destruction policy?	. د ما است.				ļ		
15	Did the process for determining compensation of the following persons include a review and appro-		naepenaent	13.7	ľ			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	7		/ `	1	X		
	The organization's CEO, Executive Director, or top management official			15a	Х	<u>^</u>		
þ	Other officers or key employees of the organization			15b	<u>^</u>	ļ		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				1			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a	`	1	. v		
	taxable entity during the year?			16a	ļ	X		
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anızatı	on's		1	1		
_	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure			-				
17	List the states with which a copy of this Form 990 is required to be filed ►MN							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sed	tion 501(c)(3)s only)	avaılat	ole			
	for public inspection. Indicate how you made these available Check all that apply.							
	Own website Another's website X Upon request Other (explain							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	onflict	of interest policy, an	d finar	rcial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	and records: 🟲					
	THE ORGANIZATION - 507-452-3409							
	210 Ελέφ ΕΛΙΙΡΜΗ ΕΦΡΕΈΜ ΜΙΝΛΝΙΧ ΜΝΙ 55007							

Page 7

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

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.

	(list any hours for related organizations below	ee or director			ition more than one rson is both an irector/trustee)			an compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	line)	Individual trustee or director	Institutional frustee	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) GABE JORGENSON	0.50								0	0
AST WORTHY PRESIDENT	0.50	Х	_	X				0.	0.	0.
2) MARY DEERING	0.50	,,		١,,					•	0
ORTHY PRESIDENT	0.50	Х		X				0.	0.	0.
3) SHEILA RINN	0.50	.,		.		i			0.	0
HAPLAIN	0.50	Х		X			_	0.	0.	0.
4) ROLLIE TUST	0.50	X		X				0.	0.	0.
ONDUCTOR	0.50	^		Λ			ļ	0.	0.	<u> </u>
5) JAMIE GRAVES	0.50	X		Х				0.	0.	0.
OUTSIDE GUARD	15.00	^		Λ				0.		
6) JOHN HANSEN PREASURER	13.00	X		Х				0.	0.	0.
7) TIMOTHY S BURKE	15.00	1	-	<u> </u>			\vdash	•	-	
ECRETARY/TRUSTEE	13.00	X		x				11,900.	0.	0.
8) STEVE MEYER	0.50							11,5000		
RUSTEE		Х						0.	0.	0.
9) SHAUNE BURKE	2.00									
PAST PRESIDENT/TRUSTEE		X						0.	0.	0.
10) FRAN RINN	2.00									
RUSTEE		X		1				10.	0.	0.
11) JEREMY GRAVES	2.00									
RUSTEE		X						0.	0.	0.
			-	├		 - -	-			
		\mid								
			-							
				ļ		<u> </u>	<u> </u>			
		-								
		\vdash				-				_

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
		(A) ame and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an) than	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
			week (list any hours for related organizations below line)		lustruttonal trustæe		irecto		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation	
	,												_
				-									_
										-			_
								,			· · · · · · · · · · · · · · · · · · ·		_
													_
													_
				<u> </u>									_
	Sub-total									11,900.	(0. 0	<u> </u>
c	Total from c	ontinuation sheets to Part V	II, Section A							0.	(0.	
<u>d</u>		nes 1b and 1c) r of individuals (including but r	not limited to th	ose	liste	ed al	bov	e) wl	no re			1	
	compensation	on from the organization										Yes No	<u>0</u>
3	-	nization list any former officer, 'es," complete Schedule J for s			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	3 X	····
4	For any indiv	ridual listed on line 1a, is the si organizations greater than \$15	um of reportab	le c							the organization	4 X	٠
5	Did any pers	on listed on line 1a receive or	accrue compe	nsat	ion f	from	any	y uni			dual for services)	,
Sec		the organization? <i>If "Yes," con</i> endent Contractors	nplete Schedul	e J i	tor s	uch	per	son				5 X	_
1	-	is table for your five highest co tion. Report compensation for										ensation from	
(A) Name and business address NONE (B) Description of services							services	(C) Compensation					
													
								,					
													
	Total numbe	er of independent contractors (including but r	not li	ımıte	ed to	the	se li	stec	d above) who received n	nore than		
		compensation from the organ						0_		· 		Form 990 (201	 17)

AERIE 1243

Pai		Statement of Rever		or note to any lir	ne in this Part VIII			
······································					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 .	a Federated campaigns	1a					,
퉏	•	b Membership dues	1b					,
ا ڇُڙي		c Fundraising events	1c		. 22			٠,
i i		d Related organizations	1d		1		,	ign s
S.E		e Government grants (contribut			٠,			
[S.S.		f All other contributions, gifts, gran	, 			,		, ,
[출료		similar amounts not included abo			A 3	,	,	,
들임		Noncash contributions included in lines			ĺ	,		
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f				w./	2.2	
				Business Code	// .	. *5		
စ္က	2	a MEMBERSHIP DUES		900099	10,065.	10,065.		
ا ہ څ		b						
Program Service Revenue		c						
e a		d	 -					
<u>8</u> —		e						
፭		f All other program service reve	enue					
		g Total. Add lines 2a-2f		•	10,065.	,	11 1	,
	3	Investment income (including	dividends, intere	est, and				
		other sımılar amounts)		•	1,861.			1,861
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties		>				
			(ı) Real	(II) Personal	, * / ,	,		
	6	a Gross rents	5,903.				/	
		b Less: rental expenses	12,627.					,
		c Rental income or (loss)	-6,724.					
i		d Net rental income or (loss)		•	-6,724.	2,233.	-8,957.	
	7	a Gross amount from sales of	(ı) Securities	(II) Other		*	٠, ١	
		assets other than inventory	38,200.			(
1		b Less: cost or other basis)	. 4	
		and sales expenses	31,738.	,		,		
		c Gain or (loss)	6,462.					
		d Net gain or (loss)			6,462.	6,462.		
စ္	8	 Gross income from fundraising 	ig events (not		· ·			
eu		ıncluding \$	of					,
Ş		contributions reported on line	e 1c). See				1	
e l		Part IV, line 18	а		2.3		1 27	28.7
Other Revenue		b Less: direct expenses	b	L	 		`	, i
		 Net income or (loss) from fund 				<u> </u>		
	9	 Gross income from gaming a 	ctivities. See		·			
		Part IV, line 19	а					
		b Less: direct expenses	b		,	<i>"</i>		
		c Net income or (loss) from gan	-		121,461.	,	31,319.	90,142
	10	 Gross sales of inventory, less 	returns					'
		and allowances	а					
		b Less: cost of goods sold	b	99,260.	\" \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \			
}		c Net income or (loss) from sale		<u> </u>	72,627.	72,627.		
		Miscellaneous Revenu	ne	Business Code	1			
		a MISCELLANEOUS		900099	10,780.	10,780.		-
		b						
		c				-		
		d All other revenue				ļ	ļ	<u> </u>
		e Total. Add lines 11a-11d		•	10,780.		<u> </u>	
	40	Total revenue See instructions			216 532	102 167	22 362	92 003

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Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must	complete column (A)	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, 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			7	<i>′</i>
	and domestic governments. See Part IV, line 21	35,537.			`
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22	23,700.		, , , , , , , , , , , , , , , , , , , ,	
3	Grants and other assistance to foreign				,
	organizations, foreign governments, and foreign				,
	individuals. See Part IV, lines 15 and 16			1.44	
4	Benefits paid to or for members			7.	
5	Compensation of current officers, directors,				
	trustees, and key employees	11,900.			
6	Compensation not included above, to disqualified	j			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		· · · · · · · · · · · · · · · · · · ·		
7	Other salaries and wages	36,743.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	560.			
10	Payroll taxes	3,547.			
11	Fees for services (non-employees).				
а	Management				
b	Legal				
c	Accounting	10,193.			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion	3,030.			
13	Office expenses	4,379.			
14	Information technology	33.			
15	Royalties				
16	Occupancy	72,249.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,459.			
20	Interest		·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,281.			
23	Insurance	12,013.			
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)	> 1 1	, ,	,	1.
	amount, list line 24e expenses on Schedule 0)				
а	FED UBIT TAX	8,727.			
b	SPONSORSHIPS	14,666.			
С	STATE/GRAND AERIE	4,257.			
d	LINEN & LAUNDRY	2,993.			
е	All other expenses	-48,562.			
25	Total functional expenses. Add lines 1 through 24e	202,705.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)	l			1

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 116,146. 166,771. 1 1 Cash - non-interest-bearing 30,592. 30,656. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 22 5 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 instr). Complete Part II of Sch L Assets $\overline{1},356.$ 1,356. 7 Notes and loans receivable, net 6,500. $\overline{6,500}$. Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 367,551. basis Complete Part VI of Schedule D 10a 256,883. 119,224. 110,668. 10c b Less: accumulated depreciation 10b 34,306. 15,488. 11 11 Investments · publicly traded securities 13,367. 30,431. 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 86. 15 15 Other assets. See Part IV, line 11 338,641. 344,806. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,370.1,714. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 1,331. 924. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 26,210. 27,712. 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 31,006. 29,255. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 219,551. 211,635. 27 Unrestricted net assets 10,000. 10,000. 28 28 Temporarily restricted net assets 86,000. 86,000. Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 307,635. 315,551. 33 33 Total net assets or fund balances 344,806. 338,641. Total liabilities and net assets/fund balances

2c

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Form 990 (2017)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

SCHEDULE D

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public 1 inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRATERNAL ORDER OF EAGLES

AERIE 1243

Employer identification number 41-0265420

Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the										
	organization answered "Yes" on Form 990, Part IV, Iir										
		(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		<u> </u>								
5	Did the organization inform all donors and donor advisors in	· ·									
	are the organization's property, subject to the organization's		Yes No								
6	Did the organization inform all grantees, donors, and donor a										
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos									
	Impermissible private benefit?		Yes No								
	Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.										
1	Purpose(s) of conservation easements held by the organization (check all that apply).										
	Preservation of land for public use (e.g., recreation or		storically important land area								
	Protection of natural habitat	Preservation of a ce	rtified historic structure								
_	Preservation of open space										
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the forr									
	day of the tax year.	Held at the End of the Tax Year									
a	Total number of conservation easements		2a								
þ	Total acreage restricted by conservation easements		26								
C	Number of conservation easements on a certified historic sti	• •	2c								
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc									
_	listed in the National Register										
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax										
_	year -										
4	Number of states where property subject to conservation ea		- ,								
5											
•	violations, and enforcement of the conservation easements		Yes No								
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and emorcing co	nservation easements during the year								
7	Amount of expenses incurred in monitoring, inspecting, han-	dling of violations, and enforcing concen	ration concerns to during the year								
7	\$	ulling of violations, and emorcing conserv	valion easements during the year								
8	Does each conservation easement reported on line 2(d) abo	we esticfuthe requirements of section 17	70/h\/4\/B\/i\								
Ü	and section 170(h)(4)(B)(ii)?	we satisfy the requirements of section 17	Yes No								
9	In Part XIII, describe how the organization reports conservat	tion essements in its revenue and expen-									
9	include, if applicable, the text of the footnote to the organization										
	conservation easements	ation 3 interioral statements that describe	o the organization o accounting for								
Pa	t III Organizations Maintaining Collections	of Art. Historical Treasures, or	Other Similar Assets.								
1.222	Complete if the organization answered "Yes" on Forn	•									
1a	If the organization elected, as permitted under SFAS 116 (A		ement and balance sheet works of art.								
	historical treasures, or other similar assets held for public ex										
	the text of the footnote to its financial statements that descri		, and a passion so, was, provided, in a carry and								
h	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art, historical								
•	treasures, or other similar assets held for public exhibition, e										
	relating to these items:	occasion, or recourse in termioralises of p	action control, promote the teneral grant control								
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$								
	(ii) Assets included in Form 990, Part X		► \$ ► \$								
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ									
_	the following amounts required to be reported under SFAS		g, p								
а	Revenue included on Form 990, Part VIII, line 1		> \$								
	Assets included in Form 990, Part X		▶ \$								

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public exhibition	Par	t III Organizations Maintaining Co	ollections of Art, Hist	orical Treasures, o	or Other Similar As	sets(continued)
a	3	Using the organization's acquisition, accession	n, and other records, check	any of the following that	t are a significant use of	its collection items
b Scholarly research e		(check all that apply):				
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII. 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Parl IV, line 9, or reported an amount on Form 990, Parl X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Parl X, line 21. 1b is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Parl X, line 21 and the program of the parl XIII. 1c d d Additions during the year 2 bettiebutions during the year 3 bettiebutions during the year 4 bettiebutions during the year 5 cell and bettiebutions during the year 6 bettiebutions during the year 9 bettiebutions during the year 1 feding belance 9 bettiebutions during the year 1 feding belance 1 d declined bettiebutions during the year 1 part XIII. Check here if the explanation has been provided on Parl XIII. 1 Part XIII. Check here if the explanation has been provided on Parl XIII. 1 Part XIII. Check here if the explanation has been provided on Parl XIII. 1 Part XIII. Check here if the organization brase been provided on Parl XIII. 2 beginning of year balance 3 beginning of year balance 4 Contributions 4 Administrative expenses 9 End of year balance 5 cell description of propers and programs 6 Administrative expenses 9 End of year balance 9 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: 8 Bagrid desgrated or quasi-endowment Parl XIII. 1 Cell description of year balance 9 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: 8 Bagrid desgrated or quasi-endowment Parl XIII. 1 Cell description	а	Public exhibition	d 🖳 I	oan or exchange progra	ıms	
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yee" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 5 Beginning belance 6 Beginning belance 9 Destributions during the year 1 Ending belance 1 Destributions during the year 1 Ending belance 9 Destributions during the year 1 Ending belance 1 Destributions during the year 1 Ending belance 1 Destributions during the year 1 Ending belance 1 Destributions during the year 1 Ending belance 1 Destributions during the year 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Ves No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Ves No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Ves No 3 Differ Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part Y I Endowment Funds. Complete if the organization answersed "Yes" on Form 990, Part IV, line 10. 2 Destributions 2 No Contributions 2 No Contributions 3 Are three endowment Funds. Complete if the organization answersed in Part YII Secretary in Part YII Secretary in Part YII Secretary in Part YII Secretary in Part YII Secretary in Part YII Secretary in Part YII Secretary in Part YII Secretary in Part YII Secretary in Part YII Secretary in Part YII Secretary in Part YII Secretary	b	Scholarly research	е 🔲 (Other		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X In a 1st the organization answered "Yes" on Form 990, Part X Yes No 16 If "Yes," explain the arrangement in Part XIII and complete the following table: ■ Beginning balance ■ Beginning balance ■ Beginning balance ■ Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability?	С	Preservation for future generations				
to be sold to rase funds rather than to be maintained as part of the organization's collection? Part M S Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b if "Yes," explain the arrangement in Part XIII and complete the following table: C	4	Provide a description of the organization's co	llections and explain how th	ey further the organization	on's exempt purpose in l	Part XIII.
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part Av Yes No No If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance Additions during the year 1d	5	During the year, did the organization solicit or	receive donations of art, his	storical treasures, or othe	er sımılar assets	
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XI. line 10. [Agrit Y Endowment Funds. Complete if the organization has been provided on Part XI. line 10. [Ag) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Net investment earnings, gains, and losses of Grants or scholarships c Net investment earnings, gains, and losses of Chere year-indivined for facilities and programs f Administrative expenses g End of year baliance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quase-endowment 96 Temporarily restricted endowment 96 Temporarily restricted endowment 96 Temporarily restricted endowment 97 Temporarily restricted endowment 98 Temporarily restricted endowment 99 Temporarily restricted endowment 90 Temporarily restricted endowment 90 Temporarily restricted endowment 90 Temporarily restricted endowment 91 Temporarily restricted endowment 90 Temporarily restricted endowment 90 Temporarily restricted endowment 90 Temporarily restricted endowment 90 Temporarily restricted endowment 90 Temporarily restricted endowment 90 Temporarily restricted endowment 90 Temporarily restricted endowment 90 Temporarily restricted endowment 90 Temporarily restricted endowment 90 Temporarily restricted organizations 91 Temporarily restricted endowment 92 Temporarily restricted organizations 93 Temporarily restr			intained as part of the organ	nization's collection?		Yes No
19 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? C Beginning balance d Additions during the year e Distributions during the year f Ending balance 20 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account habitive feet of the include an amount on Form 990, Part X, line 21, for escrow or custodial account habitive feet of the include an amount on Form 990, Part X, line 21, for escrow or custodial account habitive feet of the included on Part XIII Part V [Endowment Funds. Complete if the organization has been provided on Part XIII Part V [Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or or scholarships and programs a Beginning of year balance b Contributions c Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities and programs and programs a Board designated or quast-endowment P % C Temporarly restricted endowment P % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations b if "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the enganization's endowment funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) basis (investment) basis (other) 10 y 0.72 . 2 2.7, 8.35 . 2.38, 7.96 . 98, 1.11 . c Leasehold improvements d Equipment 115, 6.44 . 15, 5.52 . 92.	Par	t 🚺 Escrow and Custodial Arrang	jements. Complete if the	organization answered '	'Yes" on Form 990, Part	IV, line 9, or
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount It Amount It Amount It It It It It It It		reported an amount on Form 990, Part	X, line 21.			
b If Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a	Is the organization an agent, trustee, custodia	an or other intermediary for	contributions or other as	sets not included	
c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		on Form 990, Part X?				Yes No
c Beginning balance d Additions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Ves No	b	If "Yes," explain the arrangement in Part XIII a	and complete the following t	able:		
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e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. A Beginning of year balance	c	Beginning balance			1c	
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Date the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Contributions (e) Contributions (for anitor of a contributions (for anitor of a contributions (for anitor of a contributions) (for anitor of a contributions) (for anitor of a contributions) (for anitor of a contributions) (for anitor of a contributions) (for anitor of a contributions) (for anitor of a contributions) (for anitor of a contributions) (for anitor of a contributions) (for anitor of a contributions) (for anitor of a contributions) (for anitor of anitor	e	Distributions during the year			1e	
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b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		_	(a) Current year (b) P	rior year (c) Two year	s back (d) Three years ba	ack (e) Four years back
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f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	e	Other expenditures for facilities				
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % 'The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (nestment) basis (nestment) basis (other) 1a Land 10,000 5,000		and programs				-
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b Permanent endowment	2			g, column (a)) held as:		
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 10 , 000	а					
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(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 10,000						
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## Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.						
Part VI Land, Buildings, and Equipment.						
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Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	X-431			/ line 112 See Form 000) Part Y line 10	
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e Other	ن بر	·		15.644.		
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			gual Form 990. Part X. colur	nn (B), line 10c.)	•	110,668.

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			1-0203420 Page 3
Part VII Investments - Other Securities.	E 000 D 4 D/ b	. 111. O. F	
Complete if the organization answered "Yes" of		(c) Method of valuation: Cost or	and of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation. Cost of	ello-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)	_	·	
(B)			
(C)			
(D)	<u> </u>		
(E)			
(F)			
(G)			
(H)			······································
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.	_		
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)		<u> </u>	
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			······································
Part IX Other Assets.			
Complete if the organization answered "Yes" (ne 11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Book value
(1)			
(2)	<u>.</u>	<u> </u>	
(3)			
(4)			
(5)	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	
(6)			
(8)			
(9)	451		
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	: 15.)		<u> </u>
	Farm 000 Bart IV Iv	and the are the Con Form 000 Dort V line	.05
Complete if the organization answered "Yes" (1. (a) Description of liability	on Form 990, Part IV, III	(b) Book value	3 25.
· · · · · · · · · · · · · · · · · · ·		(b) Book value	,
(1) Federal income taxes			
(2)			< <
(3)			
(4)			,
(5)			,
(6)			
(7)		 ,* /,	
(8)			,
(9) Total (Column (b) must equal Form 990, Part X, col. (B) line	.05)		
TOTAL IL DIUMO INI MUST AGUAL FORM UULI PORT Y COL /HI 1804			

Schedule D (Form 990) 2017

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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

AERIE 1243

	TXI Reconciliation of Revenue per Audited Financial Sta	tements with Revei	ide hei Heidili.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		×	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	、	
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	TXII Reconciliation of Expenses per Audited Financial St		enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a	 1	
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		40	
			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	5	
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.		5	
Pa rov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	I, Part IV, lines 1b and 2b	5	
Pa rov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	I, Part IV, lines 1b and 2b	5	
Pa rov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	I, Part IV, lines 1b and 2b	5	
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Pa rov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	I, Part IV, lines 1b and 2b	5	
Pa rov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	I, Part IV, lines 1b and 2b	5	
Pa rov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	I, Part IV, lines 1b and 2b	5	
Pa rov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	I, Part IV, lines 1b and 2b	5	
Pa rov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	I, Part IV, lines 1b and 2b	5	
Pa rov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	I, Part IV, lines 1b and 2b	5	
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Pa rov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	I, Part IV, lines 1b and 2b	5	
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Pa rov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	I, Part IV, lines 1b and 2b	5	
Pa rov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	I, Part IV, lines 1b and 2b	5	
Pa rov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	I, Part IV, lines 1b and 2b	5	
Pa rov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	I, Part IV, lines 1b and 2b	5	

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.

ZUI/

OMB No. 1545-0047

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

Go to www.irs.gov/Form990for the latest instructions.

Open to Public Inspection

Name of the organization

FRATERNAL ORDER OF EAGLES

Employer identification number 41-0265420

AERIE 1243 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. еГ Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or ☐ No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts fundraiser have custody or control of contributions? (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2017

FRATERNAL ORDER OF EAGLES 41-0265420 Page 2 Schedule G (Form 990 or 990-EZ) 2017 AERIE 1243 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses ▶ 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-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	134,400.	2,648,722.	3,269,804.	6,052,926.
ses	2	Cash prizes	102,024.	2,163,522.	2,762,413.	5,027,959.
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs		151,26 <u>4</u> .		151,264.
	5	Other direct expenses		752,242.		752,242.
	6	Volunteer labor	Yes % X No	Yes % X No	Yes % X No	
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		•	5,931,465.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	121,461.
9	En	ter the state(s) in which the organization condu	icts gaming activities: $\underline{\mathtt{M}}$	N		
		the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		X Yes No
10a	— We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes X No
		Yes," explain:	•	_		
	_				Cabadula C /Fa	000 or 000 E7\ 201

Schedule G (Form 990 or 990-EZ) 2017 AERIE 1243	41-0265420 Page 3
11 Does the organization conduct gaming activities with nonmembers?	X Yes No
12 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?	X Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a 11.00 %
b An outside facility	13b 89.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	cords:
Name ► GRACE THILMANY	
Address ► 317 CHATFIELD ST - WINONA, MN 55987	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the ar	mount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name ▶	
Address	
16 Gaming manager information:	
Name ► GRACE THILMANY	
Gaming manager compensation ► \$46,016.	
**	
Description of services provided THE GAMBLING MANAGER IS IN CHARGE OF TACTIVITIES OF THE GAMBLING OPERATION IN ACCORDANCE WITH	THE DAY-TO-DAY
DUTIES INCLUDE: SUPERVISION OF EMPLOYEES, REVIEWING & A	
bolled include: bollentiblen of Linebolland, heriline a	
Director/officer X Employee Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	X Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	
organization's own exempt activities during the tax year ▶ \$ 173,375.	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v); an	d Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART III, LINE 16, DESCRIPTION OF SERVICES PROV	VIDED:
THE GAMBLING MANAGER IS IN CHARGE OF THE DAY-TO-DAY	
ACTIVITIES OF THE GAMBLING OPERATION IN ACCORDANCE WITH THI	E LAW.
DUTIES INCLUDE: SUPERVISION OF EMPLOYEES, REVIEWING & MON	TORING
THE CONDUCT OF GAMES, DETERMINE THE PRODUCT TO BE PURCHASEI	
PLAY, VERIFY RECEIPTS, DISBURSEMENTS, INVENTORY, AND SUPER	VISE
LICENSING & REPORTING REQUIREMENTS.	

Schedule G	(Form 990 or 990-EZ)	AERIE 1	243				41-0265420	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (conti	nued)					
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SCHEDULE (Form 990)

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

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

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Name of the organization FRATERNAL ORDER OF EAGLES

Department of the Treasury Internal Revenue Service

20.17

|--|

Employer identification number

41-0265420

1 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 Partition General Information on Grants and Assistance **AERIE 1243**

						•			
cnte	criteria used to award the grants or assistance?	tance?						X Yes	2
2 Des	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant	funds in the United	d States.				
Part #	Patt# 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	Jomestic Organiz	zations and Domestic	Governments. C	omplete if the orga	nization answered "Y	es" on Form 990, Part I	V, line 21, for any	
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	5,000. Part II can	be duplicated if additi	onal space is need	fed.				
	(f) Method of	1412.4.9	00,4-7	3-4	30 40	(f) Method of	to contamonal (-)	(h) Dumoco of a	***

1 (a) Name and address of organization or government	(p) 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
WINONA AREA PUBLIC SCHOOLS 901 GILMORE AVE WINONA, MN 55987	41-6004759	GOVERNMENT	5,860.	0			ACADEMIC, EXTRA CURRICULAR AND CO-CURRICULAR ACTIVITIES
EAGLES PIFTH DISTRICT CANCER TELETHON - 914 15TH AVE SE - ROCHESTER, MN 55904		NONPROFIT CORPORATIO	ATIO 5,000.	0.			CANCER RESEARCH
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	ind government or s listed in the line	rganizations listed in th	e line 1 table				1:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2017)

41-0265420

AERIE 1243 Schedule I (Form 990) (2017)

Part 18

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. ELIGIBLE GRANT REQUESTS MUST BE PRESENTED AT THE ORGANIZATION'S MONTHLY DISBURSEMENT OF THE GRANT IS AUTHORIZED. AFTER DISBURSEMENT CHECK HAS BEEN WRITTEN, THE GAMBLING MANAGER AND ONE AUTHORIZED MEMBER OF THE ORGANIZATION SIGNS THE CHECK, DOCUMENTATION IS NOTED IN THE BOARD MINUTES AND ALSO ON FILE WITH THE DISBURSEMENT BY THE BOOKKEEPING (d) Amount of non-cash assistance Ö BOARD MEETING FOR MEMBER APPROVAL. AFTER MEMBER APPROVAL, 23 700 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART 1, LINE DONNIE SCHULTZ BENEFIT SCHEDULE I, DEPARTMENT Partiv

Schedule I (Form 990) (2017)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2017 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

FRATERNAL ORDER OF EAGLES AERIE 1243

Employer identification number 41-0265420

FORM 990, PART VI, SECTION A, LINE 2:

TIMOTHY S. BURKE AND SHAUNE BURKE ARE HUSBAND AND WIFE. FRAN RINN & SHEILA
RINN ARE HUSBAND AND WIFE. JEREMY GRAVES AND JAMIE GRAVES ARE BROTHERS.

FORM 990, PART VI, SECTION A, LINE 5:

THE ORGANIZATION BECAME AWARE OF THE MISAPPROPRIATION OF CASH BY ONE OF ITS
EMPLOYEES DURING THE PRIOR FISCAL YEAR. THAT EMPLOYEE WAS TERMINATED

IMMEDIATELY. SUBSEQUENTLY, THE ORGANIZATION REVIEWED THE INTERNAL CONTROL
POLICIES AND PROCEDURES AND MADE APPROPRIATE ADJUSTMENTS TO REDUCE THE RISK
OF THE DIVERSION OF CASH IN THE FUTURE. THE ACTUAL DOLLAR AMOUNT OF THE
LOSS IS UNKNOWN AT THIS TIME AND IS CURRENTLY BEING INVESTIGATED BY LAW

FORM 990, PART VI, SECTION A, LINE 6:

FORM 990 INSTRUCTIONS.

THE ORGANIZATION HAS CLUB MEMBERSHIP, ANY MEMBER HAS THE RIGHT TO VOTE AT MONTHLY BOARD MEETINGS.

ENFORCEMENT. THE AMOUNT IS EXPECTED TO BE "SIGNIFICANT" AS DEFINED IN THE

FORM 990, PART VI, SECTION A, LINE 7A:

ANY MEMBER, WHOSE MEMBERSHIP IS UP-TO-DATE, IS ALLOWED TO VOTE TO ELECT OFFICERS AND BOARD MEMBERS

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION REVIEWED AND APPROVED THE 990 AND 990-T PRIOR TO FILING AT THEIR MONTHLY BOARD MEETING.

Name of the organization FRATERNAL ORDER OF EAGLES AERIE 1243	Employer identification number 41-0265420
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD REVIEWS THE ORGANIZATIONS CONFLICT OF INTEREST	POLICY EACH YEAR
AND BOARD MEMBERS ARE PROVIDED A COPY TO READ AND SIGN AT	THE ANNUAL
MEETING.	
FORM 990, PART VI, SECTION B, LINE 15B:	
THE GAMBLING OVERSIGHT COMMITTEE FOR THE ORGANIZATION PRE	PARES AND REVIEWS
AN EMPLOYEE PERFORMANCE EVALUATION FORM FOR THE GAMBLING	MANAGER. GAMBLING
MANAGER WAGES ARE DISCUSSED AND VOTED ON BY THE GAMBLING	OVERSIGHT
COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UP	ON REQUEST AT THE
ORGANIZATIONS PRIMARY LOCATION	
· · · · · · · · · · · · · · · · · · ·	
	-

FORM 990

REASONABLE CAUSE FOR LATE FILING

STATEMENT

1

MAY 14, 2019

INTERNAL REVENUE SERVICE OGDEN, UT 84201-0074

RE:

FRATERNAL ORDER OF EAGLES AERIE 1243 (FEIN 41-0265420) FORM 990; MAY 31, 2018 REQUEST FOR FIRST-TIME PENALTY ABATEMENT - LATE FILING PENALTY

TO WHOM IT MAY CONCERN:

WE RESPECTFULLY REQUEST THAT THE LATE FILING PENALTY BE ABATED BASED ON THE IRS'S FIRST TIME ABATE ADMINISTRATIVE WAIVER PROCEDURES, AS DISCUSSED IN IRM 20.1.1.3.6.1, FIRST TIME ABATE (FTA). TAXPAYER MEETS FIRST-TIME PENALTY ABATEMENT CRITERIA ACCORDING TO IRM 20.1.1.3.6, THE IRS'S REASONABLE CAUSE ASSISTANT PROVIDES AN OPTION FOR PENALTY RELIEF FOR FAILURE-TO-FILE, FAILURE-TO-PAY, AND FAILURE-TO-DEPOSIT PENALTIES IF THE TAXPAYER MEETS CERTAIN CRITERIA. THE TAXPAYER MEETS ALL OF THE FIRST-TIME PENALTY ABATEMENT CRITERIA AS STATED BELOW:

- " FILING COMPLIANCE: MUST HAVE FILED (OR FILED A VALID EXTENSION FOR) ALL REQUIRED RETURNS AND CAN'T HAVE AN OUTSTANDING REQUEST FOR A RETURN FROM THE IRS.
- " PAYMENT COMPLIANCE: MUST HAVE PAID, OR ARRANGED TO PAY ALL TAX DUE (CAN BE IN AN INSTALLMENT AGREEMENT AS LONG AS THE PAYMENTS ARE CURRENT).
- " CLEAN PENALTY HISTORY: HAS NO PRIOR PENALTIES (EXCEPT AN ESTIMATED TAX PENALTY) FOR THE PRECEDING THREE YEARS.
 WE UNDERSTAND THAT THIS TYPE OF PENALTY ABATEMENT IS A ONETIME CONSIDERATION.

WE ALSO REQUEST PENALTY ABATEMENT DUE TO REASONABLE CAUSE. THE ORGANIZATION HAD AN ONGOING INVESTIGATE FOR THEFT. LAW ENFORCEMENT HAD SOME OF THE DOCUMENT REQUIRED TO COMPLETE THE TAX RETURN TIMELY. THIS PENALTY PLACES AN UNDUE FINANCIAL HARDSHIP ON AN ORGANIZATION. IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT (507) 452-3100. THANK YOU FOR YOUR CONSIDERATION.

RESPECTFULLY, RUSSELL & ASSOCIATES, LLC