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Form 990

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

► Do not enter social security numbers on this form as it may be made publice Open to Public

		the Treasury ue Service	▶ Do not enter social security numbers on this form as it me ▶ Go to www.irs.gov/Form990 for instructions and the late	est information		Open to Public Inspection
Δ			dar year, or tax year beginning June 1 , 2019, and er		May 31	, 20
<u></u>			C Name of organization Tri-City Aerie No. 3429, Fraternal Order of Eagle		_	oyer identification number
_		applicable	Doing business as	<u> </u>		62-0861947
片	Address	•	Number and street (or P.O. box if mail is not delivered to street address)	F Telepi	hone number	
	Name ch	- 1	,	Litelepi	(865) 285-9749	
님	Initial retu		P.O. Box 1124 City or town, state or province, country, and ZIP or foreign postal code		(803) 203-7747	
\vdash		m/terminated	•	G Gross	receipts \$ 74,805.65	
Н	Amended	1	Harriman, TN 37748 F Name and address of principal officer	H(a) is the		or subordinates? Yes No
Ll	Application	on pending	Vickie S. Kurtz, 325 Bluff Road, Kingston, TN 37763	<u></u>		res included? Yes No
_	Tay-ayan	npt status	Sol(c)(3)	 		st. (see instructions)
<u>:</u>	Website:		301(c)(d) 301(c) (8) 4 (monthol) 4047(d)(1) 01 30		up exemption	•
к		rganization [Corporation ☐ Trust ☐ Association ☐ Other ► Fraternal ☐ L Year of fo		 	of legal domicile. TN
_	art I	Summa		177	1 111 01410	or rogal dormond.
			cribe the organization's mission or most significant activities: Tri-	City Aerie No. 3	A29 Fraterr	nal Order of Fagles is
0			raternal Organization incorporated in Tennessee which contributes			
Activities & Governance			cally to families in need, and to Aerie members requiring short-term		i locally to	recognized 30 (C/3
Ĕ			box ► ☐ if the organization discontinued its operations or disposit		an 25% of	ite net assets
Š	t .				. 3	124
Ğ	i .		independent voting members of the governing body (Part VI, line		ļ	
S				10)	. 5	124
įį			per of individuals employed in calendar year 2019 (Part V, line 2a)		. 6	7
턍			per of volunteers (estimate if necessary)		·	12
⋖	1		ated business revenue from Part VIII, column (C), line 12		. 7a	0
	b	Net unrelat	ted business taxable income from Form 990-T, line 39	1 0	. 7b	Current Year
	_		1	Year		
ē	1		ons and grants (Part VIII, line 1h)	·	15,974 58	
ē	1	-	ervice revenue (Part VIII, line 2g)	•	7,482.90	2,313.50
Revenue	1		income (Part VIII, column (A), lines 3, 4, and 7d)			
-			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .		45,667 32	
			ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12		69,124 80	55,706.35
	1		I similar amounts paid (Part IX, column (A), lines 1-3)			
			aid to or for members (Part IX, column (A), line 4)		8,322 92	153.44
ŝ			her compensation, employee benefits (Part IX, column (A), lines 5–10		23,404 01	23,369.83
Š	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)	·		
Expenses			aising expenses (Part IX, column (D), line 25)			
ΔÌ	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	· <u>L</u>	33,626 07	36,697.69
	18	Total expe	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)		65,353 00	60,220.96
		Revenue le	ess expenses. Subtract line 18 from line 12		3,771 80	(4,514.61)
or Ses				Beginning of	Current Year	End of Year
sets	20	Total asset	s (Part X, line 16)		14,156 86	9,642.25
AB	21	Total liabili	ties (Part X, line 26)		0.00	1,498.07
Net Assets or Fund Balances	22	Net assets	or fund balances. Subtract line 21 from line 20		14,156.86	8,144.18
	art II	Signatu	re Block			
Un	der penal	ties of perjury	I declare that I have examined this return, including accompanying schedules and a Declaration of preparer (other than officer) is based on all infermation lowwhich pre	statements, and t	o the best of r	my knowledge and belief, it is
tru	e, correct	, and complet	e Declaration of preparer (other than officer) is based on all infermation to Which pre		owledge.	····
		4/1	Cheex Kusta	181	October 1	., 2020
Si	gn i	Signati	ure of officer C 2 2 2020	10/1	Date	
Нє	ere	Vicki	e S. Kurtz, Worthy Secretary	기ল[
			r print name and title			
	id	Print/Type	preparer's name Preparer's signature OGDLIN,	- Date	Check	if PTIN
Pa		_	1	<u> </u>	self-emp	oloyed
	epare	L Currello mon	ne ▶	F	irm's EIN ▶	
US	e Only	Firm's add		F	Phone no.	
Ma	y the IR		this return with the preparer shown above? (see instructions) .			. Yes No
_				at No. 11282Y	7) Form 990 (2019)
. 01	, apein	JIN HEUUCI	The state of the separate metrodiction	117)	/ /	, , , , , , , , , , , , , , , , , , , ,

Form 99	0 (2019) ,	Page 2									
Part		. 🗆									
1	Briefly describe the organization's mission:										
	People Helping People. Our Acric contributes nationally and locally to recognized 501(c)3 charities, locally to families in need, and										
	to Aerie members requiring short-term assistance.										
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?] No									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?] No									
4	Describe the organization's program service accomplishments for each of its three largest program services, as measurexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to content the total expenses, and revenue, if any, for each program service reported.										
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)										
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)										
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)										
4d	Other program services (Describe on Schedule O.)										
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 0.00										



Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		/
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	, 5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓

Part	Checklist of Required Schedules (continued)		,	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38		1
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		1

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
·			Yes	No
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 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		- <u>`-</u> -
	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)?	4a		1
b	If "Yes," enter the name of the foreign country ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		
	and services provided to the payor?	7a		✓
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		,
	required to file Form 8282?	7c		✓
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			∀
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		V
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
8	sponsoring organization have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	المدا		,
	excess parachute payment(s) during the year?	15		✓
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓

Part '	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 124	4 /		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 124			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		7
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		7
6	Did the organization have members or stockholders?	6		7
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	✓	
b	stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		/
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		;	
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b	✓	
	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 arrangement with a taxable entity during the year?	16a		-
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Tennessee			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	ſ (Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re Vickie S. Kurtz, Aerie 3429 Worthy Secretary, 422 Old Hwy. 70, Harriman, TN 37748 (865) 285-9749	cords	>	

Form **990** (2019)

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

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

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

☐ Check this box if neither the organization i	nor any relate	d org	anız			ompe	nsa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than box, unless person is bo officer and a director/tru					an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) James Fisher										
Worthy President (11/12/19 - 5/31/20)		L	-	1	<u> </u>		<u> </u>			50.00
(2) Vickie S. Kurtz Worthy President (6/1/19 - 11/12/19)				1						0.00
(3) Jonathan B. Edgemon										
Jr. Worthy Past President				1	_					0.00
(4) Wesley M. Goss					ļ			•		Ì
Worthy Conductor			$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	1						50.00
(5) Vickie S. Kurtz Worthy Secretary (11/12/19 - 5/31/20)	24			1						1,400.00
(6) Jennifer Tipton-King	16									
Worthy Secretary (6/1/19 - 10/8/19)	1	1		1						813.00
(7) Mary J. Scruggs	8		l							
Worthy Treasurer (9/24/19 - 5/31/20)]		✓	ŀ			1		700.00
(8) Diana C. Tweed	8									
Worthy Treasurer (6/1/19 - 7/2/19)				1	ļ			·		0.00
(9) Kimberly Sliker										
Worthy Chaplain				1	ŀ					50.00
(10) Jess Ramirez Inside Guard				1						50.00
			╁	Ť	╁	 				30.00
(11) Paul Jones Aerie Auditor				1	i					50.00
(12) Bruce Dunkle										
Trustee		/			İ			•		0.00
(13) Norm Kurtz										
Trustee (9/24/19 - 5/31/20)		✓		L						0.00
(14) David Johnson										
Trustee (6/1/19 - 7/2/19)		✓	<u>L.</u>	L			<u> </u>			0.00

۹_

Part	VII Section A. Officers, Directors,	rustees,	Key	Em	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
					_	C)					
	(A)	(B)	(do r	not ch		ition	e than e	one	(D)	(E)	(F)
	Name and title	Average	box,	unles	ss pe	rson	is both	n an	Reportable compensation	Reportable	Estimated amount of other
		hours per week		from the from relat						compensation from related	compensation
		(list any hours for	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
		related	rect	i i	욕) ag	est c	ॡ	(44-2/1099-10130)	(44-2/1099-141130)	related organizations
		organizations below	일	nai		οχ	E W				-
		dotted line)	stee	trustee		۰	Snex				
				8			ated				
(15)	lenry Redmond			-	 	╁	<u> </u>	 			
	Trustee (9/24/19 - 5/31/20)	†	1								0.00
	fissy Harvey		ļ								
	rustee (6/1/19 - 1/28/20)		1								0.00
	ennifer Waldo										
	rustee (6/1/19 - 1/28/20)	_	✓								0.00
(18)]								
			ļ	<u> </u>	_	<u> </u>					
(19)		ļ	-		1						
			ļ	 	<u> </u>	ļ		├	ļ		
(20)		ļ	┨								
(04)			-	-				⊢	 		
(21)		 	1					İ			
(00)					\vdash	┢	-	-			
(22)		 	1		1						
(23)			 	\vdash	-	╁┈					
(20)		†	1		1	l					
(24)		 	 		\vdash	┢					
X-7/			1			l					
(25)			-								
3==:/		†	1			1					
1b	Subtotal			•					0.00	0.00	3,163.00
С	Total from continuation sheets to Part	VII, Section	n A					▶	0.00	0.00	0.00
d	Total (add lines 1b and 1c)							<u> </u>	0.00		
2	Total number of individuals (including but		to th	nose	e list	ted	above	e) w	ho received mor	e than \$100,000	of
	reportable compensation from the organ	zation 🟲									
											Yes No
3	Did the organization list any former							mp	loyee, or highes	t compensated	
	employee on line 1a? If "Yes," complete							-			3 /
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	n a	and other compe	nsation from the	
	organization and related organizations	greater th	an \$	150,	טטנ,)!	r -re	S,	complete Sched	dule J for such	4 1
_	Did any person listed on line 1a receive of					•			rolated ergenize	· · · · · ·	
5	for services rendered to the organization										5 ✓
Secti	on B. Independent Contractors	, ,,,,	,,,,,,	0.0				<u></u>	Jack paragram		1-31 1 .
1	Complete this table for your five high	nest comp	ensat	ed	ınde	epe	ndent	CC	ontractors that r	eceived more	than \$100,000 of
•	compensation from the organization. Rep	ort comper	satio	n foi	r the	e ca	lenda	r ye	ear ending with or	within the organ	nization's tax year
	(A)	- · · · · · · · · · · · · · · · · · · ·							(B)		(C)
	Name and business add	ress							Description of serv	rices	Compensation
								<u> </u>			
			,					<u> </u>			· <u></u>
2	Total number of independent contractor							o th	nose listed abov	e) who	
	received more than \$100,000 of compens	ation from	the or	gan	ızat	ion	<u> </u>		00		

Form 9	90 (2019	9) ,								Page 9
Part	VIII	Statement of Rev	venu	ie						· · · · · · · · · · · · · · · · · · ·
		Check if Schedule	Осо	ntains a re	espor	ise or note to an	y line in this Pa	rt VIII	<u> </u>	<u>v</u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
8 B	1a	Federated campaig	ns .	· · ·	1a					
ᆵ	ь	Membership dues			1b	4,051.00				
عَ ق	С	Fundraising events			1c	545.00				į
fts,	d	Related organizatio	ns .		1d	3,737.03				
<u>a</u>	е	Government grants	(con	tributions)	1e					
Sin	f	All other contributions, gifts, grants,]						
iğ je		and similar amounts no	ot incl	uded above	1f	4,531 28				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contribution lines 1a-1f			1g	\$ 207.23				
S	h	Total. Add lines 1a-					12,864.31			
	'' -	Total: Add into Ta		· · · ·	<u> </u>	Business Code	12,001.01			
စ္ပ	2a	Aerie Banquet Hall H	louriv	Rental		531120	0 00			
ه ≩	ь	Banget Hall/Pavillion				531390	0.00			
Se	c	Billiards/Juke Box/A				713990	2,313.50			
Program Service Revenue	d									
ğ	e									
<u> </u>	f	All other program se								
	g	l'otal. Add lines 2a-	-2f .	<u> </u>		🛌	2,313.50			
	3	Investment income	(inc	luding dıvı	dend	s, interest, and				
		other similar amoun			,					
	4	Income from investr				· .	· · · - · · · · · · · · · · · · · · · ·		<u> </u>	
	5	Royalties	· · ·							
			_	(i) Rea	· -	(ii) Personal				
	6a	Gross rents	6a			 				
	b	Less: rental expenses				 				
	C	Rental income or (loss) Net rental income or		L						
	_ d		i (ios	S) (i) Securi	· ·	(ii) Other				
	7a	Gross amount from sales of assets		(1) 000011		(1) 0 11 15				
		other than inventory	7a			1				
a	۱ ہ	Less: cost or other basis				-				
venue	"	and sales expenses .	7b	•						1
	С	Gain or (loss)						,		
Œ	d	Net gain or (loss)				•				
Other Re	8a	Gross income from	m fu	ındraısıng						
ō		events (not including	\$							
		of contributions rep			l					
		1c). See Part IV, line			8a					
	b	Less: direct expens			8b	l	······································			
	С	Net income or (loss)			<u>g</u> eve	ents 🕨			, 	
	9a	Gross income factivities. See Part I			9a					
	Ь	Less: direct expens			9b					
	c	Net income or (loss)				es >				
	1	Gross sales of in								
	.50	returns and allowan			10a	63,331.13				
	b	Less: cost of goods			10b	T				
	l .	Net income or (loss)				 	40,528.54			
<u>v</u>		·············				Business Code				
scellaneous Revenue	11a									
scellaneo Revenue	b									
eve	С									
× 00	A	All other revenue				1 1				I

0.00 55,706 35

Total. Add lines 11a-11d .

Total revenue. See instructions

12

Part IX	Statement	of Func	tional	Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	e or note to any line	in this Part IX .		
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	<u> </u>	450.44			
4	Benefits paid to or for members	153.44			
5	Compensation of current officers, directors, trustees, and key employees	3,163.00			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	16,051 68			·····
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,155.15	· · · · · · · · · · · · · · · · · · ·		
11	Fees for services (nonemployees):				
a	Management				
р	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees				
12	Advertising and promotion				
13	Office expenses	1,595 14			
14	Information technology	1,575 14			·
15	Royalties				
16	Occupancy (Utilities)	11,840.88			
17	Travel		· · · · · · · · · · · · · · · · · · ·		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				,,
21	Payments to affiliates (Per. Capita Tax, Dues)	1,230.00			
22	Depreciation, depletion, and amortization				
23	Insurance	2,135.88			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Equipment	98.33			
b	Building & Grounds	1,238 27			· · · · · · · · · · · · · · · · · · ·
C	Charitable Contributions Tayos (State Liquer by Print, Sales and Use)	745 00 17,233.13			
q	Taxes (State, Liquor-by-Drink, Sales-and-Use) All other expenses Non-Office Supplies				
е 25	Total functional expenses. Add lines 1 through 24e	581.06 60,220.96		····	
26	Joint costs. Complete this line only if the	33,223.70			
	organization reported in column (B) joint costs	ļ			
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	ł	i		
	following SOP 98-2 (ASC 958-720)	}			

	•				
	n 990 (20				Page 1
	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	nX		. г
		Check is concedure a content of record of field to any line in the	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	7,563.14	1	4,021.0
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	_	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			· .
	1	controlled entity or family member of any of these persons		5	
		Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
şte		Notes and loans receivable, net		7	
Assets	_	Inventories for sale or use	2,093.72	_	1,121.1
ď	9	Prepaid expenses and deferred charges ,		9	
	ļ	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 21,680.00			· · · · · · · · · · · · · · · · · · ·
	b	Less: accumulated depreciation [10b]	4,500.00	10c	4,500.0
	11	Investments—publicly traded securities		11	
		Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
		Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	14,156.86	16	9,642.2
	17	Accounts payable and accrued expenses	0.00	17	1,498.0
		Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities		Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			·
ap		controlled entity or family member of any of these persons	- M	22	
Ξ		Secured mortgages and notes payable to unrelated third parties		23	
	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		05	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.00	26	1,498.0
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			····
		Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
Ę		Organizations that do not follow FASB ASC 958, check here ▶ □			
ř		and complete lines 29 through 33.		<u> </u>	
S		Capital stock or trust principal, or current funds		29	
Se		Paid-in or capital surplus, or land, building, or equipment fund		30	
Net As:	31	Retained earnings, endowment, accumulated income, or other funds		31	
		Total net assets or fund balances	14,156.86		9,642.2
	33	Total liabilities and net assets/fund balances	14.156.86	33	8,144.1

Total liabilities and net assets/fund balances .

Form 990 (2019)

9,642.25

8,144.18

14,156.86 33

3						
Form 99	90 (2019) ,				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		•		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			55,7	06.35
2	Total expenses (must equal Part IX, column (A), line 25)	2			60,2	20.96
3	Revenue less expenses. Subtract line 2 from line 1	3			(4,51	4.61)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			14,1	56.86
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	_			
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			9,6	42.25
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	· ·		-	<u> </u>
					Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		_			į
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplaın	in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2	2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were cor					
	reviewed on a separate basis, consolidated basis, or both:	•				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?					~
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	а	ŀ		
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		_	_		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over					
	the audit, review, or compilation of its financial statements and selection of an independent accounts		<u></u>	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain (on			- 1
	Schedule O.		_			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he			

3b

Form **990** (2019)

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.

2019 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer Identification number

Tri-Ci	ty Aerie No. 3429, Fraternal Order of Eagles		62-0861947		
Pai	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	ds or Accounts.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year) .				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor	advisors in writing that the assets he	eld in donor advised		
	funds are the organization's property, subject to the	e organization's exclusive legal contro	1? 🗌 Yes 🗌 No		
6	Did the organization inform all grantees, donors, ar				
	only for charitable purposes and not for the benefi				
	conferring impermissible private benefit?		· · · · · · · · · Yes 🗌 No		
Par	t II Conservation Easements.				
	Complete if the organization answered "				
1	Purpose(s) of conservation easements held by the c				
	Preservation of land for public use (for example, recre		of a historically important land area		
	Protection of natural habitat	☐ Preservation o	of a certified historic structure		
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution			
_	easement on the last day of the tax year. Total number of conservation easements		Held at the End of the Tax Year		
a					
b	Total acreage restricted by conservation easements Number of conservation easements on a certified hi				
C C	Number of conservation easements included in (• •			
d	historic structure listed in the National Register .	· · · · · · · · · · · · · · · · · · ·	1 1		
3	Number of conservation easements modified, transtax year ▶	ferred, released, extinguished, or terr	minated by the organization during the		
4	Number of states where property subject to conserv	vation easement is located ▶			
5	Does the organization have a written policy reg- violations, and enforcement of the conservation eas				
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conservation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting ▶ \$	g, handling of violations, and enforcing	conservation easements during the year		
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?	•	section 170(h)(4)(B)(i)		
9	In Part XIII, describe how the organization reports cobalance sheet, and include, if applicable, the text of				
	organization's accounting for conservation easemer	nts.			
Par	III Organizations Maintaining Collections		Other Similar Assets.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASI of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to	held for public exhibition, education,	, or research in furtherance of public		
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		> \$		
2	If the organization received or held works of art,	historical treasures, or other similar			
	following amounts required to be reported under FA				
a	Revenue included on Form 990, Part VIII, line 1 .		• \$		
	Assets included in Form 990, Part X		<u>, , , ▶ \$</u>		

Part	Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	or Ot	her Similar Ass	ets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of the	follow	ring that make sig	gnificant use of its
_	Public exhibition				or exchange	nrogr	am	
a	Scholarly research				_	-	aiii	
b	Preservation for future generations		e					
C			ما میدم امید	+	hair from han i	tha ara	onization'a avam	nt nurnoss in Dori
4	Provide a description of the organizat XIII.							
5	During the year, did the organization assets to be sold to raise funds rather							
Part	· · · · · · · · · · · · · · · · · · ·			Juit 01 111	o organizatio			
	Complete if the organization		" on For	m 990. I	Part IV. line	9. or	reported an am	ount on Form
	990, Part X, line 21.			, .		,		
12		custodian or oth	er intern	nediary fo	or contributi	ions or	other assets not	•
1a	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa							
•	in 100, oxplain the arrangement in 1						Am	nount
С	Beginning balance					10	 	
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun							│ Yes │ No
	If "Yes," explain the arrangement in Pa							
	t V Endowment Funds.			.•				
	Complete if the organization	answered "Yes"	" on For	m 990, l	Part IV, line	10.		
		(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four years back
1a	Beginning of year balance						-	
b	Contributions							
С	Net investment earnings, gains, and							
	losses					ł		
d	Grants or scholarships							
е	Other expenditures for facilities and							-
	programs		:					
f	Administrative expenses							
g	End of year balance				l			
2	Provide the estimated percentage of the	ne current year en	nd balanc	e (line 1g	, column (a)) held a	as:	
а	Board designated or quasi-endowmen	it 🕨	_%					
b	Permanent endowment ▶	%						
С	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2	2c should equal 1	00%.					
За	Are there endowment funds not in the	possession of the	ne organi	zation tha	at are held a	and ad	ministered for the	
	organization by:							Yes No
	(i) Unrelated organizations							3a(i)
	1.7							3a(ii)
b	If "Yes" on line 3a(ii), are the related or	=						3b
4	Describe in Part XIII the intended uses		on's endo	wment f	unds.			
Part								
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line			
	Description of property	(a) Cost or ot			or other basis ther)		Accumulated epreciation	(d) Book value
		(investm	eny .	ļ			,p. 30144071	
1a	Land	<u> </u>			F4.053.55			04 (00 00
þ	Buildings				54,200.00			21 680.00
C	Leasehold improvements		·		2 (22 22			4 4 / / 00
d	Equipment				3,622 00			1,166.00
e	Other		00 8-4	(00/:	(D) 100 10	0.1		22.846.00
ı otal	ACCUMENTATION AT ABOUTOT IS 18 29OK NO.	osceodal Form 9:	au Call)	. countif	. 101. III IB (VI			ZZ.040.UU

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form	m 990. Part IV. lin	e 11b. See Form 990. Part X. line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial	derivatives	· · · · · · · · · · · · · · · · · · ·	
(2) Closely h	neld equity interests		
(3) Other			
/D\			
(C)			
(D)		·	
(E)			
(F)			
(G)			
(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line	
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)]
(3)			
(4)			
(5)			
(6)			
(7)			·
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)		······································	
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Formula 25.	n 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	<u> </u>	(b) Book value
(1) Federal in			(b) Book Value
(2)	CONTE TAXOS		
(3)			
(4)			
(5)			
(6)		<u></u>	
(7) (8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		
	uncertain tax positions. In Part XIII, provide the text of the footno		
	s liability for uncertain tax positions under FASB ASC 740. Check		

Par	XI Reconciliation of Revenue per Audited Financial Statem	ents W	ith Revenue per	Retu	m.
	Complete if the organization answered "Yes" on Form 990,	Part IV	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	!		
b	Donated services and use of facilities	2b			•
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
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			5	
Part			-	r Ret	turn.
	Complete if the organization answered "Yes" on Form 990,				
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				
þ	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)		- <u> </u>		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	<i>i</i> · · ·		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	
5 Post	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	ie 10.j .	· · · · · · · · · · · · · · · · · · ·	5	<u></u>
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	d 4: Par	+ IV lines 1b and 2b	. Dort	V Inc 4: Bort V line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
_, 、 ω.	and the part	, to p	and any accommon and		
	·				

SCHEDULE Q (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Tri-City Aerie No. 3429, Fraternal Order of Eagles 62-0861947 2. Aerie President (6/1/19-11/12/19)/Aerie Secretary (11/12/19-5/31/20), Vickie S. Kurtz, and Trustee (9/24/19-5/31/20), Norm Kurtz, are married. 7.a. All current members-in-good-standing have the right to vote in each election of Officers held in May of each year. 7.b. All decisions on admitting new members, business or changes in operations are presented at General Meetings which all members-ingood-standing are invited to attend. Motions are brought up, seconded and voted on per Robert's Rules of Order. Part VI, Section B, Policies 12.c. To regularly and consistently monitor and enforce compliance with the written conflict of interest policy, it is reviewed each time there is a change in Officers and/or employees. 15.b. The process for determining compensation for Officers or Key Employees would be presented at a General Meeting and all members in-good-standing have an equal vote. If a change in compensation for Officers is approved, a change is required to the Aerie Dy-Laws and approved by the Grand Aerie, Fraternal Order of Eagles, before the change can be enacted. Part VI, Section C, Disclosure 19. The organization made its governing documents, conflict of interest policy, and financial statement available to the public during the tax year upon request. The books and records of the organization are located in the Aerie Secretary's Office which is locked when no one is working in the Office. , Part VII, Statement of Revenue 2.a. The Aerie Banquet Hall is available for rental to outside organizations on an hourly basis. The price is set by the Board of Trustees. 2.b. The Aerie Banquet Hall and/or Outside Pavillion Area are provided free-of-charge to members and professional organizations upon advance notice of the date of need, 2.c. Revenues received from the usage of the leased Billiard Tables, Juke Box, and ATM Machine, all of which are available to members and their invited quests.