Return of Organization Exempt From Income Tax

OMB No 1545-0047 2017

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.

	Depa	artment of nal Reveni	the Treasury ue Service	▶ Go to	www.irs.gov/F	orm990 for ins	ructions an	d the lates	t informati	on.	Inspe	ction
				ndar year, or tax year		June 1		7, and end		May 31	, 20 18	
				C Name of organization F			ES / Aerie #	#3245			er identification	number
	$\overline{}$	Address	• •	Doing business as							23-7592980	
	_	Name ch	· ·	Number and street (or P	O box if mail is	not delivered to st	eet address)	Room/s	suite	E Telepho	ne number	
		Initial reti		P O Box 247						1	575-478-2412	2
		Final retur	rn/terminated	City or town, state or pro	ovince, country, a	and ZIP or foreign	oostal code					
		Amended	d return	Portales, NM 88130						G Gross r	eceipts \$ 2	,813,704 88
		Applicati	ion pending	F Name and address of pr		· · · · · · · · · · · · · · · · · · · 			H(a) Is th	us a group return for	subordinates? Y	es 🗸 No
			- 1	James L. Anderson, J		ards St / Clovis,	NM 88101				es included? 🔲 Y	
	1	Tax-exer	mpt status	501(c)(3)) ◀ (insert no)		or 52	70	If "No," attach	a list (see instruc	tions)
		Website			.,,	, ,	1		H(c) G	roup exemption	number 🕨	
	ĸ	Form of c	organization [✓ Corporation ☐ Trust	Association	Other ▶	L	Year of form	ation 1	950 M State	of legal domicile	e NM
	Pa	art I	Summa	ary			Τ					
		1	Briefly de	scribe the organization	on's mission	or most signifi	cant activiti	es Peo	ple helpin	g people		
	ce											
	υaι											
	ver	2	Check thi	is box ▶ 🗌 if the orga	anızatıon disc	ontinued its of	perations of	r disposed	of more t	han 25% of	its net assets	3
	Ŝ	3	Number of	of voting members of	f the governin	g body (Part V	I, line 1a) .	•		<u>3</u>		710
	త	1		of independent voting	₹)			710
	itie	1		nber of individuals en	· -	_				<u>5</u>		27
	Activities & Governance	ľ		nber of volunteers (es						<u>6</u>		25
	- 1			elated business rever		•	•			7 a_		<u>-0-</u>
APR 2 6 2019		b	Net unrela	ated business taxabl	e income fror	n Form 990-T,	line 34 .			7b		-0-
20		_							Pro	or Year	Current	
ro	e	1		ions and grants (Parl				•		17,134.		18,267.63
€ø	Revenue	i	-	service revenue (Parl				•		1,827		18,897 00
œ	Re	10		nt income (Part VIII, o						321		332 49
¥	_	1		enue (Part VIII, colun						411,061.		327,024 50
				enue-add lines 8 thro), line 12)		430,343.		364,521.62
\Box		1		nd similar amounts pa				•				
SCANNED		•		paid to or for membe							<u> </u>	
Ž	Expenses	t .		other compensation, e				es 5-10) 		121,780.		105,321 71
8	en			nal fundraising fees (
Š	Ä			draising expenses (Pa penses (Part IX, colur								240 472 04
				enses (Part IX, colur enses. Add lines 13-				25)		290,329.		249,172.01
				less expenses. Subti			10)	ı		412,109. 18,234.	1	354,493 72 10,027 90
	ses or		nevenue	iess expenses. Subti			<u>· · · · · · · · · · · · · · · · · · · </u>		Beginning	of Current Year	End of	
	ance	ı	Total asse	ets (Part X, line 16)	1 (OGDEN,	UT			720,456.	 	735,126 63
	Ass.	1		ılıtıes (Part X. line 26)		· · · · · · · · · · · · · · · · · · ·				8,741.		10,859 18
	Net Assets Fund Balanc	1		ts or fund balances.		21 from line 20	• •			711,715.		724,267 45
		art II		ure Block						211,7110.		72.7207.10
	_	_		ry, I declare that I have exa	mine this return	ncluding accom	panving sched	fules and star	tements, and	to the best of	my knowledge a	and belief, it is
	true	e, correct	t, and comple	ete Declaration of prepare	(other than offic	er) is based on all	nformation of	which prepar	er has any k	nowledge		^
				Jaho Ni	hall	<i>I</i> ·				5	Marl	7
	Sig	ın	Signa	ature of officer						Date		
	He	re		Secretar	4							
			Туре	or print name and title								
	Pa	id	Print/Typ	pe preparer's name	Pre	paler's signature		I .	Date	Check	✓ if PTIN	
		epare	r Aria Hits	son		1 July 1	MSM	(03-04-	9 self-em		0673411
		e Onl		ame Hitson Accor	unting		- :			Firm's EIN ▶	85-038	9210
			Firm's ac	ddress ► P O Box 247						Phone no	575-478-	
	May	y the IR	RS discuss	this return with the	preparer show	vn above? (se	nstruction	ns)		· · · · ·		es No
	For	Paperw	vork Reduc	ction Act Notice, see t	he separate in	structions.		Cat	No 11282Y	001	Forn	n 990 (2017)

921



Part	Checklist of Required Schedules		<u></u>	-3-
	1		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		
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 98-197 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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	.,	√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		√
	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		✓_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e 11f		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .	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		✓
	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		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	1
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	✓	
			. 000	

Form 99	0 (2017)		1	Page 4
Part	V Checklist of Required Schedules (continued)			
		r==	Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		✓_
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
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		 ✓
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		/
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	 	✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L</i> , <i>Part IV</i>	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
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		/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
33	complete Schedule N, Part II	32		✓
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		✓
05-	or IV, and Part V, line 1	34		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 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		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		 ✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

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			
	Check it Schedule O contains a response of note to any line in this Part V	. 	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 09			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	.'	" .	
	reportable gaming (gambling) winnings to prize winners?	1c		**
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 27	ني .	-	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		V
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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_ V
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
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).	;		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1, 1, 1	- 10 to 10	(1 0 m)
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		,
a	If "Yes," indicate the number of Forms 8282 filed during the year	7c	9,9	
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ا سر شا ا
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		<u> </u>
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	119 1 71	, r	- 12
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			1
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter			
' 'a	Gross income from members or shareholders		-	, i
b	Gross income from other sources (Do not net amounts due or paid to other sources			ĺ
	against amounts due or received from them.)	[· `•
12a		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	· · · · · · · · · · · · · · · · · · ·	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			1
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			
_	- · · · · · · · · · · · · · · · · · · ·		,	í
C IAa	Enter the amount of reserves on hand	145		
l4a h		14a 14b		√
	1. 100, The transport of the port these payments, it is not provide an explanation in schedule of	וטדי		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See in:	for a	
Secti	ion 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<u>D</u>	_ 14	
b 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 710 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with]		
3	any other officer, director, trustee, or key employee?	2		\ \ \
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		√
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	5 6	✓	✓
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		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	٨.	ø	
а	The governing body?	8a	/	1
b	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C		
	- 1.1		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
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	*******	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		✓
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	14		✓
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<u> </u>
a	The organization's CEO, Executive Director, or top management official	15a		/
b	Other officers or key employees of the organization	15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		, -
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a		✓
Conti	organization's exempt status with respect to such arrangements?	16b		
17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ New Mexico			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Jack R Merchant, Jr / 904 Wallace St / Clovis, NM 88101 / 575-714-3220	cords	>	

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.

☐ Check this box if neither the organization no	r any relate	d orga	anız	atic	n c	ompe	nsa	ated any currer	t officer, director	, or trustee.
	(C)									
(A)	(B)	١			ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from related organizations	amount of
	week (list any hours for	악方	2	Q	<u>~</u>	육포	Fo	from the		other compensation
	related	dire	str	Officer	er er	등등	Former	organization	(W-2/1099-MISC)	from the
	organizations	ual	ğ	~	힐	yee yee	٦	(W-2/1099-MISC)		organization and related
	below dotted line)	Individual trustee or director	altr		Key employee	ğ	ļ			organizations
	,	tee	Institutional trustee		"	Highest compensated employee				
			ñ			Ted.				
(4)									1	
(1) James L. Anderson, Jr, President	10			1						
205 N Edwards St / Clovis, NM 88101				•						
(2) Michael A. King / Vice President	8			1						
676 CR 5 / Clovis, NM 88101	15		-	\ <u> </u>				·		
(3) Jack R. Merchant, Jr, Secretary	15			1						
909 Wallace St / Clovis, NM 88101	5			ļ*,			╁			
(4) Gerald Willett, Treasurer	3			/						
620 N Norris St / Clovis, NM 88101 (5) Steve L. Garcia / Trustee	5			Ť		 		•		
157 Torreon Dr / Clovis, NM 88101	·	1								
(6) Ron Edwards / Trustee	5									
615 Kathie Dr / Clovis, NM 88101	·	1								
(7) Randy Beevers / Trustee	5									
1513 Comer Dr / Clovis, NM 88101		✓					İ			
(8)										
					<u> </u>	<u> </u>		<u> </u>		
(9)					1					
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<u> </u>	· 	1								

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, ar	nd H	lighe	st C	ompensated E	mployees (ontınu	ied)		
	•				•	C)								
	(A)		(do n	ot ch		ition	e than o	one	(D)	(E)		((F)	
	Name and title	Average					is both		Reportable	Reportabl			mated	
		hours per week (list any	office	er and	_	irect	or/trus		compensation	compensation related	from		unt of ther	
		hours for	Individual trustee or director	insi	Officer	<u>@</u>	ਭੁਛ	Former	the	organizatio	ns	compensation		
		related	direc	it	Ger	Key employee	d hes] mer	organization	(W-2/1099-M	ISC)		n the	
		organizations below dotted	ğ	ona		βl	e 0		(W-2/1099-MISC)				nization related	
		line)	rust	Ť	}	yee	npe						ızatıons	
			ee	Institutional trustee			Highest compensated employee							
		<u></u>		Ü			8							
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120/														
(24)	•							T						
37.72		†												
(25)														
1b	Sub-total							•						
С	Total from continuation sheets to Part			•	•									
d	Total (add lines 1b and 1c)							<u> </u>						
2	Total number of individuals (including but		to th	ose	lıst	ed.	above	e) w	ho received m	ore than \$10	000,00	of		
	reportable compensation from the organi	ization ►											 ,	
•	Del Mariana del anticolor del	د	.	4			1					. ,——	Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete of							emp	ployee, or nigr	iest compe	isated		_	/
4										oncotion fr	om the			✓
4	For any individual listed on line 1a, is the organization and related organizations													ĺ
	individual	grouter th	uii ψ		,000	, . ,	, , ,	٠,			QU(3)11	4		1
5	Did any person listed on line 1a receive of	or accrue co	omne	nsat	tion	froi	m anv	, un	related organi	ation or ind	ıvıdual	<u> </u>		- -
Ū	for services rendered to the organization											5		
Section	on B. Independent Contractors		•											
1	Complete this table for your five highest	compensat	ed inc	dep	end	ent	contr	act	ors that receive	ed more tha	n \$100	0,000 of		
	compensation from the organization. Rep													ax
	year.													
	(A) (B)								(C)					
	Name and business add	iress						 	Description of s	ervices		Compens	ation	
								ļ						
								 						
		<u></u>					-	-						
								\vdash	· -					
	Total number of independent contractor	ors (include	na bi	ıt n	Ot 1	lmit	ed to		nose listed shi	ove) who				
-	received more than \$100,000 of compens							<i>-</i> (1	iosc listed abi	J. 5, WIIO		. ;		٠,
				ا سر										

Par	VIII	Statement of Revenue									
E EL THE	#5476.2%*	Check if Schedule O	contains a	res	ponse or note t				(0)		
						(A) Total revenue,	. (B) Related or exempt function revenue	(C) Unrelated business . revenue	(D) Revenue excluded from tax under sections 512-514		
nts	1a	Federated campaigns	3	.1a			WIT STEPPE				
Grants nounts	ь	•	[1b	. 18,267 63						
ts, (С	Fundraising events .		1c	, ,						
Gifts, ilar Ar	. d	Related organizations		<u>1d</u>	·						
Sir.	e	Government grants (con All other contributions, gi		1e							
utic Je	-,	and similar amounts not incl		1f	,						
9 5	g	Noncash contributions includ	L		l						
Contributions, Gifts, Grants and Other Similar Amounts	l h	Total. Add lines 1a-1		. φ	۰	18,267.63					
		,	, ,	•	Business Code		W. FELETINE				
en.	2a	Charity			· ·	18,897.00	18,897.00	17.17 17.171			
æ	b	· · ·				2	,		,		
ice	С					,					
Sen	d					-		÷ 4			
a E	, e	,			<u>.</u> ,	, ,		-	/ <u>.</u>		
Program Service Revenue	f	All other program serv					Control Contratantian 2.9	and the local of the	Table a boat of the Wilder Street Street		
	· g	Total. Add lines 2a-2			· · · · · · · · · · · · · · · · · · ·	18,897.00	371,074,775	STREET WELDEN	eranaania 4.4		
• ,	3	Investment income (and other similal amo			enas, interest,		· · · · · · · · · · · · · · · · · · ·	,	`. '		
	4	Income from investment		-	nd broceeds	332 49	. 322.49				
	5	Royalties		ipi bi	ond proceeds						
			(ı) Real	·	(ii) Personal						
	6a	Gross rents .		•							
•	b	Less: rental expenses	y		,						
	С	Rental income or (loss)									
	d	Net rental income or (, ,	~				
	7a	Gross amount from sales of	(i) Securitie	S	(II) Other						
	١.	assets other than inventory									
	b	Less cost or other basis and sales expenses	• , -	•							
		Gain or (loss)	,								
	C d	· · · · · · · · · · · · · · · · · · ·			<u> </u>						
`		(1000) į					74 Janos 2 X 3 4 4 1 1 2 1 2	HANGA-1-KA	ST CHERTEN		
ige.	8a	Gross income from fu	ndraising		,						
ven		events (not including \$	_					英語教育的			
Other Reve		of contributions reporte									
Jer		See Part IV, line 18		а							
√₽		Less direct expenses		b							
		Net income or (loss) fr			events . ►	commonwealth are 1995	ALAKCAMBUSTON	Lares encora	Terratoris in Armer of air of th		
	9a	Gross income from ga Scc Part IV, line 19	ming activiti	es.							
	b	Less direct expenses		a	2,616,257.50						
•		Net income or (loss) fr		acti	2,360,467.98	255,789.52	255,789.52	Property .			
		Gross sales of in			,	233,769.32	233,769.52	Eddfath (2000)			
		returns and allowance		ā	160,282,75				inisangan di ini kuja may kunduluhuhuhun ini uta di ini Marangan di ini di ini di ini di ini di ini di ini di ini di ini di ini di ini di ini di ini di ini di ini di i		
	b	Less: cost of goods s	old	b	89,047.77						
	С				71,234.98	71,234 98	4	*, ~ '			
		Miscellaneous Re	evenue		Business Code -						
	11a	1			-	• •			<u> </u>		
	b	,				· · · · · · · · · · · · · · · · · · ·					
	C.	All other revenue .				,		4.			
•		Total. Add lines 11a-	 11d		· · ·		CERTAINALLY PROFE	ALTERIAL CONTESTANT	HANK MENDELVE AND AND AND AND AND AND AND AND AND AND		
	12	Total revenue. See in		•		364,521.62	364,521.62	a strik yerle barret	AND ADDRESS OF THE PARTY OF THE		
						304,321.02	307,321.02		Form 990 (2017)		

		_
Part IX	Statement of Functional Expense	:S

Sectio	n 501(c)(3) and 501(c)(4) organizations must cor				
	Check if Schedule O contains a respon	ise or note to any li	ne in thıs 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			The second secon	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	t.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.		,		
4 5	Benefits paid to or for members	,		. नेश्वरतिकेष्ट्रीतिकेश्वरतिकार	and the state of t
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	,	, ,	,	
7 8 . ·	Other salaries and wages	96,034.98		-	
9 10	Other employee benefits	9,286 73			
11 a b	Fees for services (non-employees). Management Legal				
c d	Accounting	2,040.94	· 本語を記るとない。	2. Y - 4. 2. 2. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	,
° f	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		The state of the s	, astronomy and the first of the first	
12 13 14	Advertising and promotion	3,971.62	(
15 16 17	Royalties	113,677.81	,		
18 19	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings	10,793 80		,	
20 21	Interest	6,985 61			
22 23 24	Depreciation, depletion, and amortization Insurance	15,320 84	The state of the s	ne si di di di di di di di di di di di di di	Fact and about the state of the
24	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) .			And the control of th	n. werskrijste film for the first for the second se
a b c	Misc Taxes Donations	43,548.57 16,145.45			· .
d e	Dues All other expenses	34,942.50 1,744 87			
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)	354,493.72	. ,	,	ı

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pai	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	132,004	1	149,218 16
	2	Savings and temporary cash investments	11,750.	2	9,206.67
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			f t t
		trustees, key employees, and highest compensated employees Complete Part II of Schedule L	- 	5	-
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	ງ ງູ່ໝູ້ທຸກ ປະຈາ was ແ	,,,	WALEST OF
ë	,			6 7	
Assets	8	Notes and loans receivable, net		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 576,701.80		9	\$ * * * * * * * * * * * * * * * * * * *
	ь	Less accumulated depreciation 10b	576,702.	100	576,701 80
	11	Investments—publicly traded securities	370,702.	11	370,701 80
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	720,456	16	735,126 63
	17	Accounts payable and accrued expenses	8,741	17	10,859 18
	18	Grants payable	47	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	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and	,		
iak		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	8,741.	26	10,859 18
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			10,033 10
an o	27	Unrestricted net assets	710,016.	27	722,568 95
3al	28	Temporarily restricted net assets	1,699	28	1,698 50
ğ	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
tΑ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Se	33	Total net assets or fund balances	711,715.	33	724,267 45
	34	Total liabilities and net assets/fund balances	720,456	34	735,125 63
					Form 990 (2017)

	(2017)	

Page 12

Par	XI Reconciliation of Net Assets	
	. Check if Schedule O contains a response or note to any line in this Part XI	🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	364,521 62
2	Total expenses (must equal Part IX, column (A), line 25)	354,493 72
3	Revenue less expenses. Subtract line 2 from line 1	10,027 90
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	711,715.00
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	2,524 55
9	Other changes in net assets or fund balances (explain in Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
	33, column (B))	724,267 45
Pari	XII Financial Statements and Reporting	
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·
1	Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	Yes No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.	2a 🗸
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.	2b 🗸
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	20
	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 Act and OMB Circular A-133?	3a 🗸
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b
		Form 990 (2017)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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 20**17**

Open to Public, Inspection

Employer identification number

	FERNAL ORDER OF EAGLES / Aerie #3245		23-7592980
Par			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	neld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	_	
-	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7	_
1	Purpose(s) of conservation easements held by the		'
,	Preservation of land for public use (e.g., recrea		of a historically important land area
	Protection of natural habitat	·	of a certified historic structure
	Preservation of open space	reservation c	a certified filstoric structure
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contributi	on in the form of a conservation
_	easement on the last day of the tax year	cio a quanneo conservation continouti	Held at the End of the Fax Year
_			
a	Total acreage restricted by conservation easemen	· · · · · · · · · · · · · · · · · · ·	
b			
c C	Number of conservation easements on a certified Number of conservation easements included in	` ,	
ď			1 1
_			
3	Number of conservation easements modified, tran tax year ►	sterred, released, extinguished, or ter	minated by the organization during the
		wating apparent to be a test of be	
4	Number of states where property subject to conse		
5	Does the organization have a written policy re violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
_		an bandlan Kuluka a a duk	
7	Amount of expenses incurred in monitoring, inspectin \$\$\$\$	ng, nandling of violations, and enforcing	conservation easements during the year
0	Does each conservation easement reported on line	Old above astatistic requirements	f ===tion= 170/b)/4//D)/c)
8	and section 170(h)(4)(B)(ii)?		
_			
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easem		nancial statements that describes the
Par			v Other Similar Assets
rail	Complete if the organization answered		
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the	•	
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar public service, provide the following amounts relat		ducation, or research in furtherance of
			.
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		· · · · • • • • · · · · • • · · · · · ·
_	(ii) Assets included in Form 990, Part X	the state of the s	· · · · ▶ \$
2	If the organization received or held works of art		
	following amounts required to be reported under S		
a	Revenue included on Form 990, Part VIII, line 1		> \$
<u>b</u>	Assets included in Form 990, Part X		. ▶ \$

	·					,	
chedui	e D (Form 990) 2017					F	Page 2
Part	Organizations Maintaining	Collections of	Art, Historical	Treasures, or O	ther Similar Ass		
3	Using the organization's acquisition, a collection items (check all that apply)						
а	☐ Public exhibition		d 🗌 Loai	n or exchange prog	grams		
b	☐ Scholarly research			er			
С	Preservation for future generations	i					
4	Provide a description of the organizat XIII.	ion's collections	and explain how	they further the or	ganization's exemp	ot purpose ir	ı Part
5	During the year, did the organization						
	assets to be sold to raise funds rather		ained as part of the	ne organization's c	ollection?	☐ Yes ☐] No
Part							
	Complete if the organization 990, Part X, line 21.	answered "Yes	s" on Form 990,	Part IV, line 9, or	reported an amo	ount on For	m
1a	Is the organization an agent, trustee,	custodiari or ot	her intermediary	for contributions o	r other assets not		
	included on Form 990, Part X?					☐ Yes ☐	٦No
b	If "Yes," explain the arrangement in Pa	art XIII and comp	lete the following	table:			_
	, . ,	·	J	Γ	Am	nount	
С	Beginning balance				c		
d	Additions during the year			10	d		
е	Distributions during the year				е		
f	Ending balance			1	f		
2a	Did the organization include an amour				al account liability?	☐ Yes ☐	No
b	If "Yes," explain the arrangement in Pa	art XIII Check he	re if the explanati	on has been provid	led on Part XIII .	[]
Par	V Endowment Funds.						
	Complete if the organization	answered "Yes	s" on Form 990,				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years	back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
	losses		<u> </u>	<u> </u>			
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs			Į			
f	Administrative expenses						
g	End of year balance]		
2	Provide the estimated percentage of t	he current year e	nd balance (line 1	g, column (a)) held	as		
а	Board designated or quasi-endowmer		%				
b	Permanent endowment ▶	%					
С	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and	2c should equal	100%.				
За	Are there endowment funds not in the			hat are held and ad	dministered for the	1	
	organization by:		_			Yes	No
	(i) unrelated organizations					3a(i)	
	(ii) related organizations					20/11	$\overline{}$

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

b $\,$ If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? $\,$.

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) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		144,347	(二) (2) 開北	144,347
b	Buildings		131,093		131,093
С	Leasehold improvements				
d	Equipment		301,262		301,262
е	Other				
otal.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 10	c) >	576,702

Part VII	Complete if the organization answers	ed "Yes" on Forr	m 990 Part IV lin	e 11h See Form	990 Part X line 12
•	(a) Description of security or category	30 103 0111011	(b) Book value	(c) Meth	nod of valuation
	(including name of security)			Cost or end-	of-year market value
	I derivatives			ļ 	
	held equity interests			 	
(A) Other				 	
(B)			 	 	
(C)				 	
(D)	·	1		ļ ————	
(F)					
(F)	·			ţ	
(G)		i			
(H) ,					
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12) ▶			尼小哥斯斯尼印刷的	的情况是不得有的的情况
Part VIII	Investments—Program Related.				
	Complete if the organization answer	ed "Yes" on Forr	m 990, Part IV, lir	e 11c. See Form	990, Part X, line 13.
	, (a) Description of investment		(b) Book value		nod of valuation of-year market value
(1)					
(2)				 	
(3)					
(5)				 	
(6)				 	
(7)					
(8)			· · · · · · · · · · · · · · · · · · ·	 	
(9)					
Total. (Column	(b) must equal Form 990, Part X, col (B) line 13) ▶			建物的物料的	智利的社会中国的政治,因为
Part IX	Other Assets.		_		
	Complete if the organization answer		m 990, Part IV, lir	e 11d. See Form	
	(a) De	scription			(b) Book value
<u>, (1)</u>	<u> </u>				
(2)					
(3)					· · · · · · · · · · · · · · · · · · ·
(5)					
(6)					
(7)			· · · · · · · · · · · · · · · · · · ·		
(8)					
(9)			•		
	ımn (b) must equal Form 990, Part X, col. (b	3) line 15)		▶	
Part X	Other Liabilities.			44.	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Complete if the organization answer	ed "Yes" on Fori	m 990, Part IV, Iir	ie 11e or 11t. See	e Form 990, Part X,
	line 25.	(h) Dank value	4 34 7 371.7 5	a comprehensive as beight	EST NATIONAL AND AN AN AN AN AN AN AN
1	(a) Description of liability	(b) Book value			
(2)	neome taxes				
(3)					
(4)					
(5) .					
(6)					
(7)				TO MAKE THE	
(8)			一种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种		
(9)					
	(b) must equal Form 990, Part X, col. (B) line 25) ▶		ALTERNATION AND THE	DEPENDANT!	是是是一个
2. Liability fo	r uncertain tax positions. In Part XIII, provide t	he text of the footno	ote to the organization	n's financial stateme	nts that reports the

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

Part			Return.	
	Complete if the organization answered "Yes" on Form 990, I	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] ,]	
ь	Donated services and use of facilities	2b	1 .	
С	Recoveries of prior year grants	2c	7:	
d	Other (Describe in Part XIII.)		7 - 1	
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	7- 1	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5	
Part			er Return.	
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 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:			
а	Donated services and use of facilities	2a	1 . 1	
b	Prior year adjustments	2b]	
С	Other losses	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 IX, line 25, but not on line 1	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u>]</u> ;	
b	Other (Describe in Part XIII.)	4b	<u> </u>	
-		_ 10		
c	Add lines 4a and 4b		4c	
с 5	Add lines 4a and 4b		4c 5	
c 5 Part	Add lines 4a and 4b	e 18)	5	
5 Part Provid	Add lines 4a and 4b	e 18)	5 p; Part V, line 4; Part X, lii	 пе
5 Part Provid	Add lines 4a and 4b	e 18)	5 p; Part V, line 4; Part X, lii	 пе
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5 Part Provid	Add lines 4a and 4b	e 18)	5 p; Part V, line 4; Part X, lii	ne
5 Part Provid	Add lines 4a and 4b	e 18)	5 p; Part V, line 4; Part X, lii	ne
5 Part Provid	Add lines 4a and 4b	e 18)	5 p; Part V, line 4; Part X, lii	ne

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest instructions. Name of the organization Employer identification number FRATERNAL ORDER OF EAGLES / Aerie #3245 23-7592980 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. e Solicitation of non-government grants ☐ Mail solicitations а Internet and email solicitations ☐ Solicitation of government grants Phone solicitations c g

Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No 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 to (III) Did fundraiser have (vi) Amount paid to (or retained by) (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts (or retained by) fundraiser listed in custody or control of contributions? (ii) Activity from activity organization co! (i) Yes No 1 2 3 5 6 9 10 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.

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraisin gross receipts greater tha	ng event contributions			
		9	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
ا ک <i>ی</i>	2	Less. Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes	 			
suses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
Pa	10 11 rt III	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3, c e organization answe	olumn (d)		reported more
Revenue	:	1	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
- Re	1	Gross revenue				
ses	2	Cash prizes				
Orrect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from l	ine 1, column (d)	<u></u>	
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	s in each of these state		
10		ere any of the organization's g	_		ated during the tax year	_

Schedul	ile G (Form 990 or 990-EZ) 2017		Pa	age 🕉
11	Does the organization conduct gaming activities with nonmembers?	☐ Ye	s 🕢	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?	☐ Ye	s 🗹	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility		100	<u> % c</u>
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ► Frank Romero			
	Address ► 611 Industrial Park Road / Clovis, NM 88101	*******		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Ye:	s 🗹	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount 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 ► Frank Romero			
	Gaming manager compensation ► \$ 13,100			
	Description of services provided ► oversees activities in gaming room			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	✓ Ye	s 🗆	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ 159,400			
Part		nd (v); mation	and	
			-	
		•••••	•	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

3 No 1545-0047 2017

Employer identificat priumber

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FRATERNAL ORD	DER OF EAGLES / Aerie #32	45	23-7	\$ 180
Pt III, Line 2	Not applicable	***************************************		***************************************
Pt V , Line 3b	Not applicable			·
Pt VI, Line 1a	Not applicable			
Pt VII, Col (E)	Not applicable		[] Ju	
Pt VIII	Not applicable			,
Pt X	Not applicable			
Pt XI	Not applicable		};	
Pt XII, Line 3b	Not applicable	·		
Pt VI, Line 18	Not applicable		. 	
Pt VI, Line 8b	Not applicable		i	•
Pt VI, Line 11b	Not applicable			
Pt VI, Line 8a	Not applicable			
Pt VI, Line 6	Not applicable			•••••••••••
Pt VI, Line 10b	Not applicable			
	·····			
			`	,