Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation)
Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

			f the Treasur nue Service	Go to www.irs.gov/Form990 for instructions and the latest infor	mation.	Inspection					
A	For	the	2018 cale	ndar year, or tax year beginning ${ t JUNE \ 0.1}$ , 2018, and ei	nding MAY 31	, <b>20</b> 19					
В	Chec	k ıf a	pplicable	C Name of organization FRATERNAL ORDER OF EAGLES 242	D Employer id	entification number					
∐.	Addre	ess c	hange	Doing business as	46-0	211149					
Ц	Name	cha	nge	Number and street (or PO box if mail is not delivered to street address) Room/si							
Ц	Initial	retu	rn	114 W MAIN ST	(605	) 624-99					
Ш	Finali	retur	n/	City or town, state or province, country, and ZIP or foreign postal code	G Gross						
	termır			VERMILLION SD 57069	receipts \$	507,854					
Η	Amen	ded	return	i i	nis a group return for sub	H H					
ш.			n pending		all subordinates included						
			mpt status		'No " attach a list (see i						
			:► N/A	Corporation Trust Association Other NON PR L Year of formation	up exemption number	ite of legal domicile SD					
_	art		Summ		il IVI Sta	tte or legal dollliche 3D					
_	$\overline{}$	1		cribe the organization's mission or most significant activities							
SUNSHINE AFRIE 2421 IS A SOCIAL CLUB SERVING OVER 400 MEMBER											
Š			UB DO	ES FUNDS							
	F	OF		WSLETTER							
Activities & Covernonce	5	2	Check this	3							
ر ر	3	3	Number of	f voting members of the governing body (Part VI, line 1a)	3	13					
6	8	4	Number of	findependent voting members of the governing body (Part VI, line 1b)	4						
		5	Total numi	ber of individuals employed in calendar year 2018 (Part V, line 2a)	5	24					
Ž	֡֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	6		ber of volunteers (estimate if necessary)	6	60					
				ated business revenue from Part VIII, column (C), line 12	7a						
	+	b	Net unrela	ted business taxable income from Form 990-T line 38	7b	0					
		۰	Contribute	ons and grants (Part VIII, line 1h)	Prior Year	Current Year 17,534					
9	<u>ן</u> ב	8 9		ervice revenue (Part VIII, line 2g)	11,705	17,554					
		10	Investmen	t income (Part VIII column (A) lines 3 4 and 7d)	8	16					
à		11	Other reve	enue (Part VIII, column (A), lines 5, 6d 8c, 9c, 100, 2nd GDEN, UT	281,092	285,289					
	- 1	12		nue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	295,883	302,839					
	-+			d similar amounts paid (Part IX, column (A), lines 1-3)	12,171	20,342					
	1	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)	500						
ý	1 إ	15	Salaries, o	ther compensation, employee benefits (Part IX, column (A) lines 5-10)	102,216	103,947					
Fynoncoc	1	l6a	Profession	al fundraising fees (Part IX, column (A), line 11e)							
2	<del>}</del>	þ	Total fund	raising expenses (Part IX, column (D), line 25)							
Ц	1 1		•	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	113,042	163,646					
	1	18		nses Add lines 13-17 (must equal Part IX, column (A), line 25)	227,929	287,935					
	-	19	Revenue le	ess expenses Subtract line 18 from line 12	67,954	14,904					
Assets	s s		<b>-</b>	<del> </del>	ginning of Current Year 576,274	End of Year 576, 591					
ASS		20		ts (Part X, line 16)	46,706	65,405					
Set		21 22		ties (Part X, line 26) or fund balances Subtract line 21 from line 20	529,568	511,186					
				ure Block	323,300	311,100					
		_		I declare that I have examined this return, including accompanying schedules and statements and	d to the best of my know	ledge and belief, it is					
				Declaration of preparer (other than officer) is based on all information of which preparer has any							
				Paul Hasselande		10/10/19 Date					
Sig			1	ature of officer		Date					
He	re			<u>UL HAGENBUCH</u> SECRETARY							
			<del>'                                    </del>	e or print name and title  Type preparer's signature  1 Date	<del></del>	T==:-					
Pa	id		I	Check if	PTIN						
	iu epa	rer		NANCY ENGEBRETSON Druges yelled 10/7/19 self-employ							
	e O		_	sname ► H AND R BLOCK //	Firm's EIN ▶ 460	138/023					
JJ		· · · · y	<u> </u>	saddress ► 12 CENTER ST MILLION SD 57069	Phone no	2551					
May	/ the	IRS		MILLION SD 57069 us return with the preparer shown above? (see instructions)	(605) 624-3	Yes X No					
				ction Act Notice, see the separate instructions.		Form <b>990</b> (2018)					

Par	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	SUNSHINE AERIE 2421 IS A SOCIAL CLUB SERVING OVER 400 MEMBE		THE
	CLUB DONATES TO VARIOUS LOCAL NATIONAL CHARITIES AND RAISES	<u>FUND</u>	<u>S</u>
	FOR ITS SCHOLARSHIP FUND. CLUB PUBLISHES A MONTHLY MEMBER		
	NEWSLETTER		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	_
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services? .	Yes	⊠ No
		☐ 1es	Ми
_	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	the total expenses, and revenue, if any, for each program service reported	iers,	
4a	(Code) (Expenses \$ 287,935 including grants of \$ 20,342 ) (Revenue \$	302	2,839)
	SEE_ATTACHMENT #1		
4b	(Code ) (Expenses S including grants of S ) (Revenue S		)
			·
4c	(Code ) (Expenses S including grants of S ) (Revenue S		
	The state of the s		
			-
4d	Other program services (Describe in Schedule O )		
-∓U		١	
40	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 287,935		
46	TOTAL DISCOURTS SERVICE EXCENSES F & U   JJJ		

46-0211149

## **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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 $N/A$	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		.,
44	endowments, permanent endowments, or quasi-endowments? If "Yes" complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI VII, VIII, IX, or X as applicable	1		
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes"			
a	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more	<u> </u>	7.5	
_	of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more	<del></del>		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes," complete Schedule D, Part X	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If Yes "complete			
	Schedule D, Parts XI and XII	12a		Х
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		X
13	Is the organization a school described in section 170(b)(1)(A)( $\mathfrak{n}$ )? If 'Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	l		١,,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		- 2\
''	Part IX, column (A), lines 6 and 11e <sup>9</sup> If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>'''</del>		
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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	Х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? $N/A$	20b	Lun	<del>-</del> -
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	Χ	

FRATERNAL ORDER OF EAGLES 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	Х	
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	ļ			
	employees? If "Yes," complete Schedule J		23		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	N/A	24b		L
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?	N/A	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	N/A	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		X
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?				l
	If "Yes," complete Schedule L, Part I		25b		X
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				1
	disqualified persons? If "Yes," complete Schedule L, Part II		26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee key employee,				l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L				l
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)				l
а	A current or former officer, director, trustee, or key employee? If Yes," complete Schedule L Part IV		28a		X
b	A family member of a current or former officer, director, trustee or key employee? If "Yes," complete				
	Schedule L, Part IV		28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)				l
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If Yes,' complete Schedule M	ļ	29		Χ
30	Did the organization receive contributions of art, historical treasures or other similar assets or qualified				
	conservation contributions? If "Yes," complete Schedule M	ļ	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N,				٠
	Part I	İ	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes'	1			١
	complete Schedule N, Part II		32		X
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				3.7
05-	or IV, and Part V, line 1	}	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	}	35a		Χ
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		254		
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	ŀ	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	N/A	26		
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	11/14	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	ŀ	37		v
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	}	31		_X
38	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	ļ	38	Х	
Dai	t V Statements Regarding Other IRS Filings and Tax Compliance		30	Λ	
rai	Check if Schedule O contains a response or note to any line in this Part V				
	Check it defledule deciritatis a response of note to any line in this Fart v			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	10		.63	140
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<u> </u>	1	-	ı
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	$\dashv$			ı
-	reportable gaming (gambling) winnings to prize winners?	ļ	1c	Х	ı
				41	

FRATERNAL ORDER OF EAGLES 46-0211149 Page 5 Form 990 (2018) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Yes No 24 Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ 3a N/A If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b b 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 Χ If "Yes," enter the name of the foreign country b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? N/A C 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? Χ 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? Χ N/A If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C required to file Form 8282? 7с Χ 7d If "Yes," indicate the number of Forms 8282 filed during the year ч Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g q Χ If the organization received a contribution of cars boats airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 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 Χ Sponsoring organizations maintaining donor advised funds. q Did the sponsoring organization make any taxable distributions under section 4966? 9a Χ а 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter а Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them ) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b n h Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Χ 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 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? Χ 14a 14a If "Yes," has it filed a Form 720 to report these payments? If 'No," provide an explanation in Schedule O N/A14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ excess parachute payment(s) during the year? 15

16

If "Yes," see instructions and file Form 4720, Schedule N

If "Yes," complete Form 4720, Schedule O

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

X

Form 990 (2018) FRATERNAL ORDER OF EAGLES 46-0211149 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI

Secti	on A. Governing Body and Management				
-				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  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	1a	13		
	committee, explain in Schedule O				
b	· · · · · · · · · · · · · · · · · · ·	1b	<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with			١
	any other officer, director, trustee, or key employee?		2	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or othe	·	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5	<del></del>	Х
6	Did the organization have members or stockholders?		6	X	<del> </del>
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	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	7	7.	U	
•	stockholders, or persons other than the governing body?	n duran	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertake	n dunng			
_	the year by the following			,	
a	The governing body?  Fach committee with authority to get an helialf of the governing body?		8a 8b	X	<del> </del>
b	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached at	80	<u>  ^ </u>	<del>                                     </del>
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acried at	9	1	X
Section	on B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code )			
0001	51. D. I Choice (This section b requests information about policies not required by the information	ievenue odde )		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	<del>                                     </del>	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,	_	<b> </b>	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		A 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing th		11a		Х
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		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that	could give			
	rise to conflicts?	N/	A 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	И\	A 12c		
13	Did the organization have a written whistleblower policy?		13		Χ
14	Did the organization have a written document retention and destruction policy?		14	<u> </u>	Х
15	Did the process for determining compensation of the following persons include a review and appro	val 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	<u> </u>	X
b	Other officers or key employees of the organization		15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement			
	with a taxable entity during the year?		16a	ļ	<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
Cashi	organization's exempt status with respect to such arrangements?	N/	A   16b	<u> </u>	
	on C. Disclosure	<del></del>			
17 18	List the states with which a copy of this Form 990 is required to be filled NONE  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A li applicable), 990	and 990-T /Sastran	501(c)		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990,	•	JU1(0)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply the Communication of the Commun	•			
19	Own website Another's website Upon request Other (explain in Schedule Describe in Schedule O whether (and if so, how) the organization made its governing documents,		dicy and		
.5	financial statements available to the public during the tax year	commer or interest pe	mcy, and		
20	State the name, address, and telephone number of the person who possesses the organization s b	onks and records	•		
	SEE ATTACHMENT #2	JONE WITH TOOUTUS	-		

**/E**\

# 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

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

(A)	(B)	(C) Position						(D)	(E)	( <b>F</b> )
Name and Title	Average hours per week		box ur	check less pe	more th	nan one both an trustee)		Reportable compensation	Reportable compensation	Estimated amount of
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Fqrmer	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ROGER DELANEY	2.00			X				0	0	0
PAST WORTHY PRESID										
MARK BOTTOLFSON	2.00			×				0	0	0
WORTHY PRESIDENT										
FARREL CHRISTENSEN WORTHY VICE PRESID	2.00			×				0	0	0
DAVID FALLAN	2.00			X				0	0	0
WORTHY CHAPLAIN										
CLIFF DEVERELL SECRETARY	2.00			×				0	0	0
MICK BRESKE	2.00	_	<del> </del>	×				0	0	0
TREASURER	2.00								Ĭ	v
ROGER MEINEN	2.00			×			<del> </del>	0	0	0
CONDUCTOR	0.00		ļ	×			ļ			
QUENTIN LARSON INSIDE GUARD	2.00			^				0	0	0
STEVE AMERINE AUDITOR	2.00			X				0	0	0
BRADLEY CAMPBELL TRUSTEE	2.00	×						0	0	0
KENT OSBORNE TRUSTEE CHAIRMAN	2.00	x						0	0	0
TODD BREWER TRUSTEE	2.00	X						0	0	0
										Form <b>990</b> (2018)

Form **990** (2018)

FRATERNAL ORDER OF EAGLES

Part	VII Section A. Officers	s, Directors	s, Trus	lees, K	(ey En	nploye	es, and	High	est Compensated E	mployees (continue	d)		
	(A) Name and title	(B) Average		box, u	Posi t check nless pe and a c	more ti erson is	nan one both an /trustee)	ı	(D) Reportable	(E) Reportable	an	(F) timate nount o	
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest cumpensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fro org. and	pensa om the anization direlate inization	e on ed
				-									
				-									
				-									
								<del></del>					
-													
1b	Sub-total Total from continuation sh	ooto to Bo		Sastia	. ^	1	I	<b>&gt;</b>					
c d	Total (add lines 1b and 1c)			section	II A			•					
2	Total number of individuals reportable compensation fro				to tho	se liste	d above	) who	received more than	\$100,000 of			
	Toportable compensation no	m the orga	riizatior	· · ·						·····-································		Yes	No
3	Did the organization list any employee on line 1a? If "Yes							yee o	r highest compensat	ed	3		X
4	For any individual listed on I							and o	ther compensation f	rom the			^
_	organization and related org										4		Х
5	Did any person listed on line for services rendered to the				-		-		<del>-</del>	ndividual	5		Х
Section	n B. Independent Contracto		11: 11 1	<del>C</del> 3, <del>C</del> C	mpier	00110		JI 3001	1 person			1	1 1
1	Complete this table for your		t compe	ensate	d ınde	pende	nt contra	ctors	that received more th	nan \$100,000 of			
	compensation from the orga		eport co	mpen	sation	for the	calenda	ar year	<del></del>	n the organization's t			
	(A) Name and business address								(B) Description of se	ervices	Compe	C) ensatio	n
								· · · ·					
2	Total number of independer received more than \$100,00		•	•				e listed	d above) who				

Part VIII Statement of Revenue

		Check if Schedule O cor	ntains a response o	r note to any line in th	·						
[		1.			(A)	(B)	(C)	(D)			
1 :		† W			Total revenue	Related or exempt	Unrelated business	Revenue excluded from tax			
		•				function revenue	revenue	under sections 512-514			
इ इ	1a	Federated campaigns	1a								
ran		Membership dues	1b	13,429							
2,6		Fundraising events .	1c								
ifts r A		Related organizations	1d		1						
25		Government grants (contril	<del></del>								
Sir		All other contributions, gifts	′ <del>                                    </del>		1						
uti	•	similar amounts not include		4,105							
offi	_	Noncash contributions included						'			
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f	7 III III C 3 12 - 11		17,534			,			
	- 11	Total: Add lines to 11	<del></del>	Business Code							
_	22			Busiliess Code			<del> </del>				
ice	2a										
ē	b										
n S ent	C	-									
gra Rev	d	•									
Program Service Revenue	e	All other program garges r									
ш.	'	All other program service re <b>Total.</b> Add lines 2a-2f	evenue	<u> </u>							
	g		una dividanda vatar					<del> </del>			
	3	Investment income (includi	ing dividends, intere	est, and	16	16					
		other similar amounts)	tou avagent band i	raccado •							
	4	Income from investment of	tax-exempt bond	roceeds	<u> </u>						
	5	Royalties	() Dool	(v) Davage and							
	۰-	Canan ranta	(i) Real 5, 14	(II) Personal							
		Gross rents	9,2.	1				·			
		Less rental expenses	5,14	4				;			
	C	Rental income or (loss)		1	5,144	5,144		1			
	a	Net rental income or (loss)			3,111	3,17.		ļ ,			
	7a	Gross amount from sales	(i) Securities	(II) Other	{						
		of assets other than						. !			
		inventory		ļ	{			, ,			
	D	Less cost or other basis						'			
		and sales expenses						t			
		Gain or (loss)	L								
		Net gain or (loss)		•							
	ва	Gross income from fundrai	sing events								
ıne		(not including \$	- ( 4-)			İ					
ver		of contributions reported o		75,492							
Other Revenue	L	See Part IV, line 18	a	35, 972	1						
her		Less direct expenses	b bundraiona avanta	33,372	39,520						
ŏ		Net income or (loss) from f	=								
	Эa	Gross income from gaming		106,589				•			
	_	See Part IV, line 19	a	46,282				į			
		Less direct expenses	· b	•	60,307	60,307					
		Net income or (loss) from g Gross sales of inventory, le			,			-			
	iva			276,663				1			
	L	returns and allowances Less cost of goods sold	a b	122,761	ì						
		Net income or (loss) from s		<b>D</b>	153,902	153,902		•			
	U	Miscellaneous Rev		Business Code				<del>                                     </del>			
	110	CHECK RECOVER		Dusilless Code	78	78		<u> </u>			
					4,821	4,821		-			
		REBATES	#3	<del></del>	319	319					
	c d		# 3		21,198						
		Total. Add lines 11a-11d		<u> </u>	26,416						
	40	Tatal O	-4		302 839		<del></del>				

#### Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other org	anizations must com	plete column (A)	
	Check if Schedule O contains a response or note to	any line in this Part	IX		
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	14,868	14,868		٠٠,
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	5,474	5,474		1
3	Grants and other assistance to foreign organizations,				٥ ,
	foreign governments, and foreign individuals				4
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified			·	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	95,994	95,994		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				-
10	Payroll taxes	1,953	/, 053		
11	Fees for services (non-employees)	1	· · · · · · · · · · · · · · · · · · ·		
а	Management				
b	Legal.				
С	Accounting	373	3 / 3		
d	Lobbying				
е	Professional fundraising services See Part IV line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O)	2,019	2,019		
12	Advertising and promotion	5,598	5,598		
13	Office expenses	715	/15		
14	Information technology				
15	Royalties				
16	Occupancy	/3,848	18,848		
17	Travel	195	165		
18	Payments of travel or entertainment expenses	·			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	209	209		
20	Interest	3,147	3,14/		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	૪,218	9,218		
23	Insurance	9,700	9, 100		
24	Other expenses. Itemize expenses not covered				1
	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)				· · :
а	BANK CHARGES	41	41		
b	CREDIT CARD CHARGE	1,967	1,9€/		
С	ENTERTAINMENT EXPENSE	16,199	16,199		
d	FEES AND LICENSES	3,508	3,509		
е	All other expenses	31,909	31,909		
25	Total functional expenses. Add lines 1 through 24e	281,935	287,935		
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here ▶ If following SOP 98-2 (ASC 958-720)				
EDA	19 00010 BWE 990 Form Software Converget 1996 - 20			<del></del>	Form 990 (2019)

**Balance Sheet** 

FRATERNAL ORDER OF EAGLES

Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 135,707 136,510 1 Cash -- non-interest-bearing 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 29,809 29,560 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or 208,720 other basis Complete Part VI of Schedule D 10a 88,329 120,628 10c 120,391 10b **b** Less accumulated depreciation 11 Investments -- publicly traded securities 11 12 Investments -- other securities See Part IV, line 11 12 13 Investments -- program-related See Part IV, line 11 13 290,130 290,130 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 576,274 576,591 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 46,706 65,405 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 65,405 46,706 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 💢 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 529,568 511,186 27 Unrestricted net assets 27 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 529,568 511,186 33 33 Total net assets or fund balances 576,274 576,591 Total liabilities and net assets/fund balances 34

Page **12** 

Fall	Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI			_		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				839
2	Total expenses (must equal Part IX, column (A), line 25)	2			287,	935
3	Revenue less expenses Subtract line 2 from line 1	3				904
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			529,	568
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			-33,	286
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X line					
	33, column (B))	10			511,	186
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					$\Box$
					Yes	No
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					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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			ŀ		,
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	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					
	Separate basis Consolidated basis Both consolidated and separate basis					
C	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?	I	A/A	2c		
	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		X
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		A/R	3b		
FDA	18 99012 BWF 990 Form Software Copyright 1996 - 2019 HRB Tax Group Inc			Form	990 (	2018)

#### SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRATERNAL ORDER OF EAGLES 2421 AERIE

Employer identification number 46-0211149

Pa	t I Organizations Maintaining Donor	Advised Funds or Other	Similar Fund	s or Accounts.		
	Complete if the organization answered "Yes	on Form 990, Part IV, line 6				
		(a) Donor advised funds	s	(b) Funds and other	accounts	S 
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 adv	visors in writing that the assets held	I in donor advised	j	_	F-7
	funds are the organization's property, subject to the	organization's exclusive legal contro	ol?	Į	Yes	∐No
6	Did the organization inform all grantees, donors, and	I donor advisors in writing that gran	it funds can be us	sed		
	only for charitable purposes and not for the benefit of	of the donor or donor advisor, or fo	any other purpo:	se .	_	_
	conferring impermissible private benefit?				Yes	No
Pa	t II. Conservation Easements.					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 7				
1	Purpose(s) of conservation easements held by the o	rganization (check all that apply)				
	Preservation of land for public use (e.g., recreation	n or education)	Preservation	of a historically impor	tant land	area
	Protection of natural habitat		Preservation	of a certified historic s	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held	d a qualified conservation contributi	on in the form of	a conservation		
	easement on the last day of the tax year			Held at the En	d of the	Гах Year
а	Total number of conservation easements			2a		
þ	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified his	storic structure included in (a)		2c		
d	Number of conservation easements included in (c) a	cquired after 7/25/06, and not on a	ı			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transfe	erred, released, extinguished or ter	minated by the or	ganization during the		
	tax year ▶					
4	Number of states where property subject to conserva	ation easement is located 🕨				
5	Does the organization have a written policy regarding	g the periodic monitoring, inspectio	n, handling of	_	_	_
	violations, and enforcement of the conservation ease	ements it holds?			Yes	∐No
6	Staff and volunteer hours devoted to monitoring, insp	pecting, handling of violations, and	enforcing conser	rvation easements du	ring the y	year
	<b>•</b>					
7	Amount of expenses incurred in monitoring, inspection	ng, handling of violations, and enfo	rcing conservatioi	n easements during ti	ne year	
	<b>&gt;</b> \$					
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements	of section 170(h)	(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports co	nservation easements in its revenu	e and expense st	atement and	_	_
	balance sheet, and include, if applicable, the text of t	the footnote to the organization's fir	nancial statements	that describes the		
	organization's accounting for conservation easement	s				
Par	III Organizations Maintaining Collect	tions of Art, Historical Tre	easures, or O	ther Similar Ass	sets.	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 8				
1a	If the organization elected, as permitted under SFAS	116 (ASC 958), not to report in its	revenue statemer	nt and balance sheet		
	works of art, historical treasures, or other similar asse					
	public service, provide, in Part XIII, the text of the foc					
ь	If the organization elected, as permitted under SFAS					
	works of art, historical treasures, or other similar asse- public service, provide the following amounts relating		uon, or research i	in lurtherance of		
	(i) Revenue included on Form 990, Part VIII, line 1	g to those norms		<b>&gt;</b> \$		
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$		
2	If the organization received or held works of art, histo	orical treasures, or other similar ass	ets for financial da	ain, provide the		~~~
	following amounts required to be reported under SF/	·	-			
а	Revenue included on Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,		<b>&gt;</b> \$		
	Assets included in Form 990, Part X			<b>▶</b> \$		

Sche	dule D (Form 990) 2018	FRATE	RNAL	ORDER O	FE	AGLES 4	<u> 16-</u>	<u> 0211149  </u>		Page 2
Par	t III Organizations Ma	aintaining C	Collect	ions of Art,	Histo	orical Treasu	res,	or Other Similar	Assets (co	ntinued)
3	Using the organization's acquis	sition, accession	n, and of	ther records, ch	eck ar	y of the following	that a	are a significant use of	ıts	
	collection items (check all that	apply)								
а	Public exhibition				d∏ l	oan or exchange	progr	rams		
b	Scholarly research				e∏∢	oan or exchange Other				
С	Preservation for future gene	rations			_			-		
4	Provide a description of the org	anization's col	lections	and explain how	v they	further the organiz	zation	's exempt purpose in	Part	
	XIII									
5	During the year, did the organiz	zation solicit or	receive	donations of art	, histo	rical treasures, or	other	sımılar		
	assets to be sold to raise funds								Yes	∏No
Par	t IV Escrow and Cus	todial Arrar	ngeme	nts.						
	Complete if the organiz		-		art IV,	line 9, or reported	an ar	mount on Form 990, P	art X, line 21	
1a	Is the organization an agent, tri	ustee, custodia	n or othe	er intermediary f	or cor	tributions or other	asse	ts not	·	
	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangeme	nt in Part XIII a	ind comp	olete the followin	ng tabl	e			_	_
								An	nount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance .						1f			
2a	Did the organization include an	amount on Fo	rm 990,	Part X, line 21, f	or esc	row or custodial a	ccou	nt liability?	Yes	No
b	If "Yes," explain the arrangeme	nt in Part XIII (	Check he	ere if the explana	ation h	as been provided	l on P	art XIII	_	П
Pai	t V Endowment Fund	ds.								
	Complete if the organiz	zation answere	d "Yes" d	on Form 990, Pa	art IV,	line 10				
		(a) Current	year	(b) Prior yea	ar	(c) Two years ba	ack	(d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance								<u></u>	
b	Contributions .									
С	Net investment earnings,									
	gains, and losses									
đ	Grants or scholarships									<del> </del>
е	Other expenditures for									
	facilities and programs									
f	Administrative expenses									
g	End of year balance								l	
2	Provide the estimated percenta	-	ent year e	end balance (line	e 1g, d	column (a)) held a	S			
а	Board designated or quasi-end	-		%						
b	Permanent endowment		%							
С	Temporarily restricted endowm		<del></del>	_ %						
0-	The percentages on lines 2a, 2				1 h ~ *			al fau the		
За	Are there endowment funds no	it in the posses	sion of t	ne organization	that a	re neid and admin	iistere	o for the		
	organization by								2=(v)	s No
	(i) unrelated organizations								3a(ı) 3a(ii)	
_	(ii) related organizations	lated ergenizet	hono linto	ad ac required o	n Sch	odulo B2			3b	+
b	If "Yes" on line 3a(ii), are the re Describe in Part XIII the intende	•		•					30	
4 Da	rt VI Land, Buildings				in iun	u3				<del></del>
ΓŒ	Complete if the orga		-		Part IV	/ line 11a See Fo	rm 90	0. Part X. line 10		
	Description of property			or other basis		) Cost or other		c) Accumulated	(d) Book va	lue
	Description of property			vestment)	'	basis (other)	'	depreciation	(G) DOOR V	
1a	Land		7,11					-35.55.55.5		
b	Buildings .	-		129,909	<del></del>			51,772	7	8,137
C	Leasehold improvements			,	<del> </del>		+			, = -
ď	Equipment.				<del> </del> -		+			
_		<u> </u>			⊢					

		(investment)	basis (other)	depreciation	
1a	Land				
b	Buildings .	129,909		51,772	78,137
С	Leasehold improvements				
d	Equipment.				
е	Other .		78,811	36,557	42,254
Tota	II. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X, co	lumn (B), line 10c)	<b></b>	120,391

e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1	3		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a 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 expenses Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18 )	5	
Part XIII Supplemental Information.			
rovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4, Part IV, lines 1b and 2	o, Part V, line 4 Part X, line	
Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this p	art to provide any additional in	nformation	
·			
		<del></del>	

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#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization					Employer ide	entification number	
FRATERNAL ORDER OF	EAGLES 2	421 AF	ERIE		46-	0211149	
Part I Fundraising Activi				swered "Yes' on Form !	990 Part IV, line 17		
Form 990-EZ filers are n							
1 Indicate whether the organization	raised funds thre	ough any c		=			
a Mail solicitations		е	_	tation of non-governme			
<b>b</b> Internet and email solicitations	5	f	$\blacksquare$	tation of government gra	ants		
c Phone solicitations		g	Spec	ial fundraising events			
d In-person solicitations							
2a Did the organization have a writte	=					п., п.,	
or key employees listed in Form		-			-	· Yes X No	
b If "Yes," list the 10 highest paid in		ies (fundra	isers) pur	suant to agreements un	der which the fundraise	r is to be	
compensated at least \$5,000 by	tne organization						
		(m) Did	fundraiser		(w) Amount paid to	(vi) Amount paid to	
(i) Name and address of individual	(II) Activity	havec	ustody	(iv) Gross receipts	(v) Amount paid to (or retained by) fund-		
or entity (fundraiser)	(11) / 1011/11	or control of contributions?		from activity	raiser listed in col (i)	organization	
		Yes	No				
1							
		l'					
2							
3							
4							
5							
6							
6			ļ				
7							
·							
8							
9							
10							
	<u> </u>						
Total						<u> </u>	

3 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

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

		(a) Event #1 GUN RAFFLE	(b) Event #2 POULTRY PA	(c) Other events	(d) Total events (add col (a) through	
		(event type)	(event type)	(total number)	col (c))	
anuakau	Gross receipts .	60,275	3,952	11,265	75,492	
ء   ٦	2 Less Contributions					
	Gross income (line 1 minus line 2)	60,275	3,952	11,265	75,492	
4	Cash prizes	34,384			34,384	
	Noncash prizes .		1,512		1,512	
χ <sub>2</sub> ε	Rent/facility costs					
Direct Expenses	Food and beverages					
5 6	B Entertainment					
9	Other direct expenses	2,282		76	2,358	
10	Direct expense summary Add lines 4 ti	Direct expense summary Add lines 4 through 9 in column (d)				
1.	Net income summary Subtract line 10	from line 3, column (d)		<b>.</b>	37 <b>,</b> 238	
art	<b>Gaming.</b> Complete if the organiz than \$15,000 on Form 990-EZ, line		orm 990, Part IV, line 19, o	or reported more		
everine		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c)	

		than \$15,000 on Form 990-EZ, line 6	a			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue	2,169	64,882	39,538	106,589
s s	2	Cash prizes	778	45,504		46,282
Drect Expenses	3	Noncash prizes				
rect Ey	4	Rent/facility costs				
۵	5	Other direct expenses				
	6	Volunteer labor	Yes % X No	Yes %	Yes % X No	, , , , , , , , , , , , , , , , , , ,
	7	46,282				
	8	Net gaming income summary Subtract lin	ne 7 from line 1, column	(d)	<b>•</b>	60,307
9	En	ter the state(s) in which the organization co	nducts gaming activities	SD		
a b		the organization licensed to conduct gamin 'No," explain	g activities in each of the	se states?		X Yes No

а	Is the organization licensed to conduct gaming activities in each of these states?	🛚 Yes 📗 No
b	If "No," explain	
10a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes X No

Sched	Jule G (Form 990 or 990-EZ) 2018 FRATERNAL ORDER OF EAGLES 46-0211149		Page 3
- 11	Does the organization conduct gaming activities with nonmembers?	X Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	_	_
	formed to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in	_	_
а	The organization's facility	00.00	%
b	An outside facility 13b	<del></del>	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ SEE ATTACHMENT #5		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
	Name ▶  Address ▶		
16	Gaming manager information		
	Name >		
	Gaming manager compensation    \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		_
	retain the state gaming license?	Yes	⊠ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		_
	spent in the organization's own exempt activities during the tax year ▶\$		
Part	Supplemental Information. Provide the explanations required by Part I line 2b, columns (iii) and (v) and Part I line 2b, columns (iii) and (v) and Part I line 2b, columns (iii) and (v) and Part I line 2b, columns (iii) and (v) and Part I line 2b, columns (iii) and (v) and Part I line 2b, columns (iii) and (v) and Part I line 2b, columns (iii) and (v) and Part I line 2b, columns (iii) and (v) and Part I line 2b, columns (iii) and (v) and Part I line 2b, columns (iii) and (v) and Part I line 2b, columns (iii) and (v) and Part I line 2b, columns (iii) and (v) and Part I line 2b, columns (iii) and (v) and Part I line 2b, columns (iii) and (v) and Part I line 2b, columns (iii) and (v) and Part I line 2b, columns (iii) and (v) and Part I line 2b, columns (iii) and (v) and Part I line 2b, columns (iii) and (v) and Part I line 2b, columns (iii) and (v) and (	art III, lines	9,
	9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		

**≗** □ OMB No. 1545-0047 (h) Purpose of grant Employer identification number or assistance Open to Public 2018 Inspection 46-0211149 ×es ⊠ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete of the organization answered "Yes" on Form (g) Description of noncash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information. other) Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (if applicable) (c) IRC section General Information on Grants and Assistance FRATERNAL ORDER OF EAGLES 2421 AERIE Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (b) EIN 1 (a) Name and address of organization or government Name of the organization Department of the Treasury nternal Revenue Service SCHEDULE 1 (Form 990) Part II Part I

Schedule I (Form 990) (2018)

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

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46-0211149 FRATERNAL ORDER OF EAGLES

Page 2

Schedule I (Form 990) (2018) Part III

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

(f) Description of noncash assistance	nation	
(e) Method of valuation (book, FMV, appraisal, other)	Supplemental Information. Provide the information required in Part I, line 2, Part III column (b), and any other additional information	D MEMBERS
(d) Amount of noncash assistance	art I, line 2, Part III colum	BY OFFICERS AND BOARD MEMBERS
(c) Amount of cash grant	iformation required in Pa	WED BY OFFIC
(b) Number of recipients	ion. Provide the ir	IS REVIE
(a) Type of grant or assistance	Part IV Supplemental Informat	EACH DONATION REQWUEST IS REVIEWED

Schedule I (Form 990) (2018)

#### SCHEDULE O

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2018

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRATERNAL ORDER OF EAGLES 2421 AERIE

Employer identification number

46-0211149

1C ORGANIZATION DOES COMPLY WITH ALL WITHHOLDING RULES

VI SEC A Q7 ORGANIZATION HAS MEMBERS WHO ELECT GOVERNING BOARD -

VI SEC B Q11 RETURN AVAILABLE TO ALL MEMBERS AND GOVERNING BOARD -

VI SEC C Q 19 ALL DOCUMENTS AND FINANCIALS ARE UPON REQUEST -

XI LINE 9 TO ADJUST TOTL NET ASSETS -