## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	A	For the	2015 calendar year, or tax year beginning June 1 , 2015, and end	lina M	ay 31	, 20 16							
	B Check if applicable C Name of organization Fraternal Order of Eagles # 538 D Employer identification												
	_	Address	23-7593065										
		Name o		F Telephor	E Telephone number								
	岩		9-	54.15	1	541-267-6613							
	뭄	Initial re			<del>                                     </del>	341-207-0013							
	H												
	片		ed return Coos Bay OR 97420	1	<b>G</b> Gross re	<del></del>							
	Ш	Applica	tion pending F Name and address of principal officer			subordinates <sup>2</sup> Yes  No							
			<del></del>			s included? Yes No							
			empt status	<del></del> i		list (see instructions)							
	_	Websit			p exemption								
			organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of form	nation	M State	of legal domicile							
	P	art (	Summary										
		1	Briefly describe the organization's mission or most significant activities: Peop	le Helping Pe	ople								
	9		Raising money for charities										
	Jan												
	Activities & Governance	2	Check this box ▶☐ if the organization discontinued its operations or disposed	d of more tha	n 25% of	its net assets.							
	Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	350							
	۰٥	4	Number of independent voting members of the governing body (Part VI, line 1	o)	. 4								
	E.	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		. 5	6							
	₹.	6	Total number of volunteers (estimate if necessary)		. 6								
	Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	0							
		Ь	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0							
		<u> </u>		Prior Y		Current Year							
		8	Contributions and grants (Part VIII, line 1h)		23751	15782							
	Jue	9	Program service revenue (Part VIII, line 2g)										
	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)										
	_ <b>&amp;</b>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	259									
1	:	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (4), line 12)	<del> </del>	130045	92118							
2017			Grants and similar amounts paid (Rant IX) poliumn (A), lines 1-3	<del> </del>	133015	108022							
~		13	Benefits paid to or for members (Part IX, co23 1 (A) FIGE VED		4024	4838							
		14		ļ									
Z	ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u> </u>	86947	64511							
ANNED JAN 1	Expenses	16a	Professional fundraising fees (Part IX, column Littline \$1e5010		· Sydenic	TOWN THE SECOND							
	Š	b	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 194-110, 111-24e)	***************************************									
Ш	_	17	Other expenses (Part IX, column (A), lines 1978-1710; 111-24ef	<b></b>	68247	41788							
Ş		18	Total expenses. Add lines 13–17 (must equal Part 12, column (A), line 25)	<b> </b>	159218	111137							
₽		19	Revenue less expenses. Subtract line 18 from line 12	\ <u>-</u>	(29174)	(3115)							
SC,	s or		<b>-</b>	Beginning of C	urrent Year	End of Year							
ز 0	Sset	20	Total assets (Part X, line 16)	<u></u>	453149	201241							
	Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	<u> </u>									
			Net assets or fund balances. Subtract line 21 from line 20	L	453149	201241							
		art II	Signature Block	<del> </del>									
	Un	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to	the best of r	ny knowledge and belief, it is							
	-tru	e, correc	ct, and complete Declaration of preparer (other than officer) is based on all information of which prepare	rer nas any knov	vieage 	<del></del>							
			Claster St Ward		12-2	0-2016							
	Sig		Signature of officer	D	ate								
	He	re	Charles G Ward Treasurer										
			Type or print name and title										
	Pa	id	Print/Type preparer's name Preparer's signature	Date	Check	7 if PTIN							
		epare	ar		self-emp								
		e On		Fir	m's EIN ▶								
	<b>-</b> 2	e UII	Firm's address ▶		one no								
	Ma	y the I	RS discuss this return with the preparer shown above? (see instructions) .	<del></del>		· · Yes No							

Form 990 (2015),

Part		Service Accomplishments	long a constitution of the	
1	Briefly describe the organization		line in this Part III	····
•	•		on that unites in the spirit of Liberty, J	ustice and Equality to
			Peace, Prosperity, Gladness and Hope.	
				·
2	Did the organization undertake	any significant program services	during the year which were not listed	t on the
2				
	If "Yes," describe these new se			
3	Did the organization cease of	onducting, or make significant o	changes in how it conducts, any p	
				· · 🗌 Yes 🗹 No
	If "Yes," describe these change			
4			or each of its three largest program ired to report the amount of grants	
		e, if any, for each program service		and anocations to others,
	•		·	
4a	(Code ) (Expenses	including grants	of \$ ) (Revenue \$	)
4b	(Code: ) (Expenses	including grants	of \$) (Revenue \$	)
4c	(Code: ) (Expenses	including grants	of \$ ) (Revenue \$	)
			·	
				•
4d	Other program services (Descr	be in Schedule O.)	<del></del>	
744	•	cluding grants of \$	) (Revenue \$	
4e	Total program service expense	<del></del>		

Part	Checklist of Required Schedules			age C
			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		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		<b>√</b>
4	<b>Section 501(c)(3) organizations.</b> 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		<b>√</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>√</b>
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		<b>√</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
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		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓ ·
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		<b>✓</b>
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		<b>*</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
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		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
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		<b>√</b>
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		<b>√</b>
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		<b>▼</b>
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	-	<b>√</b>
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		<b>√</b>

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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			<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 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		1
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		<b>√</b>
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		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<del>-</del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			<u> </u>
	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33	-	1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	-	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			,
00	Part VI	37		<b>✓</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		1

Form **990** (2015)

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u>· -· -·</u>	<u> </u>	
		- তিক	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	<u>o</u> l 1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	이		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		11 J	
	reportable gaming (gambling) winnings to prize winners?	1c	<b>√</b>	 
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		2 - 1	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	<u>L_</u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		A SE	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a	Í	✓
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		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	}	1	}
	account)?	4a	1	✓
b	If "Yes," enter the name of the foreign country. ▶	100	7.7	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	g,-x, .3-,	A CALLERY OF
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<del>                                     </del>
	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			Ť
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).		2 7	i Zia
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	North Co		1
	and services provided to the payor?	7a	( Page 1	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.5		<del>                                     </del>
-	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		a tight	- 100
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	r. → 3,	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		明亮
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	A STATE OF	即使决定
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		\ <u>\</u>
10	Section 501(c)(7) organizations. Enter	71.23	1270	STAN
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:	-		<b>.</b>
'' a	Gross income from members or shareholders		4	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			tons 🖈
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	124		V
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			2.0
		40-	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	No.	V
b	Enter the amount of reserves the organization is required to maintain by the states in which			
U	All a consideration to Benefit de Levis accelete de publication and the second			
_				
C 140			A Section	A STATE OF
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<del>                                     </del>

Form 99	0 (2015)		Page <b>6</b>
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in Schedule O. S	ee instructions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>
Secti	on A. Governing Body and Management		<del></del>
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.	1a 350	Yes No
ь 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business reany other officer, director, trustee, or key employee?	1b elationship with	2
3	Did the organization delegate control over management duties customarily performed by or usupervision of officers, directors, or trustees, or key employees to a management company or other		3 🗸
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to eone or more members of the governing body?	0 was filed? n's assets? .	4
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b ✓
8	Did the organization contemporaneously document the meetings held or written actions und the year by the following:	dertaken during	
а b 9	The governing body?		8a 🗸   8b 🗸
Secti	on B. Policies (This Section B requests information about policies not required by the	Internal Reven	ue Code.)
10a b	Did the organization have local chapters, branches, or affiliates?	•	Yes No 10a ✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a 🗸
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to conflicts?	12a ✓ 12b ✓
С	Did the organization regularly and consistently monitor and enforce compliance with the p describe in Schedule O how this was done		12c ✓
13 14 15	Did the organization have a written whistleblower policy?	nd approval by	13
а	The organization's CEO, Executive Director, or top management official		15a ✓
b 16a	Other officers or key employees of the organization	ar arrangement	15b
	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	safeguard the	16b
Secti	on C. Disclosure		
17 18	List the states with which a copy of this Form 990 is required to be filed ► Oregon  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar available for public inspection. Indicate how you made these available. Check all that apply.	nd 990-T (Section	501(c)(3)s only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in School) Describe in Schedule O whether (and if so, how) the organization made its governing document financial statements available to the public during the tax year.	nts, conflict of int	, ,
20	State the name, address, and telephone number of the person who possesses the organization	n's books and re	cords: ►
	FOE, 568 South 2nd St, Coos Bay OR 97420 541-267-6613		

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FΛ	rm	990	(201	15)

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees,	<b>Highest Compensated</b>	Employees, and
	Independent Contractors			

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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	nor any relate	d org	anız	atıc	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
	1	}		•	<b>C)</b>			)	,	
(A)	(B)	(40 -	01 aL		ition	than	ana	(D)	(E)	(F)
Name and Title	Average					than one is that		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	유	Ins	ੂ	₩.	em Hi	Fo	from the	related organizations	other compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	Ct a	lon.	j .	nplc	/ee		(W-2/1099-MISC)		organization and related
	line)	trus	al tr	1	уее	ğ		]	<b>,</b>	organizations
	-	e e	uste		"	Serie	l	1		
		ļ 	ă			ited		ļ	ļ	
(1) John Rider	5									
Jr Past President				1			l	0	o	
(2) Larry Bingham	20						1			
President				1		1		o	o	
(3) Alvin Goodwin	5									
Vice President				1			{	o	o	
(4) Richard Day	5									
Chaplin				1		i	{	o	o	i
(5) William Sota	25									
Secretary				✓				o	o	
(6) Charles Ward	30									
Treasurer				✓				o	0	
(7) Mark Lockhart	5									
Conductor				✓			L	0	0	
(8) Chevello DelaCruz	5	}					-	1		
Inside Guard				1			<u>L</u>	0	0	i 
(9) Ron Breelove	5						}			
Outside Guard			_	✓			_	0	0	
(10) Shane Marken	5	[						_		
Trustee				✓			<u> </u>	0	0	
(11) Fred Welch	20			l						
Trustee		<u> </u>		✓		L	<u>L</u>	0	0	
(12) John Rider	5									
Trustee				✓			L	0	0	
(13) Bob Manske	5						}			
Trustee				✓			lacksquare	0	0	
(14) Wayne Mayer	10								[	_
Trustee	1		1 1	✓			1	0	l o	

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees	(continu	ed)	
					•	C)			1				
	(B)	(do n	ot ch		ition more	e than d	one (D)		(E)		(F)		
	Average hours per	box,	unles	s pe	erson	ıs both	n an	Reportable compensation	Reportation Compensation		Estimated amount of		
	week (list any					or/trust	<u>,</u>	from	related		other	l	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee		Former	the	organizati		compensation	on
		related organizations	rect du	<u> </u>	ğ	em	oye	g	organization (W-2/1099-MISC)	(W-2/1099-I	VIISC)	from the organization	n
		below dotted	of all	mal	ĺ	ğ	e con		,(,		]	and related	1
		line)	ıste	trus		99	Pen		<b>j</b>		)	organization	าร
		)	æ	tee			Highest compensated employee		)				
(4.E) ===					-	}	-		<del> </del>	<del></del>			
	ke Malloy	í					}	1	722	)	]		
	retary	20		$\vdash$	-	-	-	-	732	<del> </del>			
	rry Jones retary	30				l	ı	l	2364	ł	ļ		
(17)		<del> </del>			<del>                                     </del>	├-	_	-	2304	<del> </del>			
3		†			ł	ľ	ľ	(	ľ	ţ	ļ		
(18)					_	Ι-	-	_	<del> </del>				
22		<u> </u>					(			ĺ	ļ		
(19)													
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(20)													
						<u> </u>		_	<u> </u>				
(21)		ļ					t		<b>\</b>	}	ł		
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(22)		ļ					1	ĺ	)	}	}		
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(23)									)	}	}		
(0.4)		<del> </del>		- 1	<u> </u>	-	<del>  -</del>	-	<del> </del>	<del></del>			
124)		<del></del>						ĺ	J				
(25)		<del> </del>		-		}_		}_	<del> </del>		<del></del>		
35-57		t									l		
1b	Sub-total							<b></b>	3096				
С	Total from continuation sheets to Part							<b>•</b>					
d	Total (add lines 1b and 1c)							<b>•</b>	3096				
2	Total number of individuals (including but	not limited						e) w	ho received m	ore than \$1	00,000	of	
	reportable compensation from the organi	zation 🕨											
_												Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compe	ensated	Action con Laboration	
_	employee on line 1a? If "Yes," complete											3	2 800 mm m
4	For any individual listed on line 1a, is the organization and related organizations												
	individual	greater th	וני ווג	50,	UUL	) ( 11	i te	S,	complete Sch	leaule J IC	or sucri	The gradient says	A STATE OF THE STA
5	Did any person listed on line 1a receive of	r accrue co	 Impel	neat	hon	froi	· m anv	 	related organiz	 ration or m	 dividual	4	2 134.250
J	for services rendered to the organization											5	
Section	on B. Independent Contractors											1 5	1
1	Complete this table for your five highest	compensat	ed inc	dene	end	ent	contr	acto	ors that receive	ed more tha	an \$100	.000 of	
	compensation from the organization. Rep												ax
	year.							_	_				
	(A)								(B)			(C)	
	Name and business add	ress						L	Description of s	ervices		Compensation	
								_					
								_			<b> </b>		
											<b> </b>		
	Total number of independent and inte	ro (		.+					ann lists I st		শৈক্ট	January 12 December	er for a sec
2	Total number of independent contractor received more than \$100,000 of compens							) th	iose listed abi	ove) who	心被		
	received more man \$100,000 or compens	auon nom	ile of	yanı	ızal	IOH					N	工作 建连续	10.5

Form **990** (2015)

Part VIII Statement of Revenue								
V2.10 20°	~ =	Check if Schedule C	contains a res	oonse or note t			· · · · · · · · ·	<u> </u>
	To pas				(A) Total revenue	(B) Related or	(C) Unrelated	( <b>D</b> ) Revenue
						exempt function revenue	business revenue	excluded from tax under sections 512-514
S S	1a	Federated campaigns	s 1a	<del></del>		1evenue		012-014
ts, Grants Amounts	ь	Membership dues .		13282				
	c	Fundraising events .		2500				
	d	Related organizations						
	е	Government grants (con	ntributions) 1e				A Property	* 20 <b>14</b>
tion r S	f	All other contributions, g						
ibu		and similar amounts not inc	cluded above 1f					
Contributions, and Other Sim	g	Noncash contributions include		•	्र क्षेत्र स्टब्स्स र महिल्ला स्टब्स्स			
	<u>h</u> _	Total. Add lines 1a-1	<u>f</u> .	<u> </u>	15782			
Program Service Revenue				Business Code				
eve	2a		·		<del> </del>	ļ	<del> </del>	<del></del>
Se l	b				<del> </del>	<del> </del>	<del> </del>	<del></del>
) N	d d				<del> </del>	<del></del>		
J. S.	u A			<del></del>	<del> </del>	<del>                                     </del>	<del></del>	<del></del>
grar	f	All other program ser		<del></del>	1	<del> </del>	<del> </del>	<del></del>
Pro	g	Total. Add lines 2a-2		· · · · •	<del> </del>			
	3	Investment income		ends, interest,				
		and other similar amo	ounts)		122	Ì	}	
	4	Income from investmen	t of tax-exempt be	ond proceeds ►				
	5	Royalties		<u> </u>				
	}		(ı) Real	(ii) Personal				a vietada
	6a	Gross rents	<u> </u>					a traffic and the
	b	Less rental expenses	<u> </u>				-717 <b>W</b>	
	C	Rental income or (loss)	(1)	L			A CONTRACTOR	Company of the second
	d 7a	Net rental income or a Gross amount from sales of	(IOSS)	(II) Other	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1 North - 2 2 2 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	(1) · · · · · · · · · · · · · · · · · · ·	Charles and the Control of the Contr
	, 'a	assets other than inventory	(i) Coodinios	(1) 0 11101	A VIVE	a Programme Sign	27 15 18 18 18	
	ь	Less cost or other basis	<u> </u>					
	-	and sales expenses .						7 10 C
i	С	Gain or (loss)		<del></del>				
	d	Net gain or (loss) .		•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Take in the case of the company of the case of the cas	and the second s
						77年至69月		
nue	8a	Gross income from fu	undraising					
Ve		events (not including \$		l				
a.	ŀ	of contributions reporte	· ·			F 14 11 2 12		
Other Revenue	} _	•	· · · · a	124719	10 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
ð	b	Less: direct expenses		95764 events	1			
	C	Net income or (loss) f Gross income from ga		events . F	28955		No. 2 Programme and the second	
	32		aring activities.			1 THE		
	b	Less: direct expenses	_					
	c	Net income or (loss) f		vities .	* **	Branch Care Sall Sall Sall		A STATE OF THE PARTY OF THE PAR
	10a	Gross sales of in			262.3786		447	
		returns and allowance	es <b>. a</b>	_122599				/ 10 m
	b	Less: cost of goods s	sold <b>. b</b>	54436				
	С	Net income or (loss) f		entory . 🕨	63163			
	L	Miscellaneous F	Revenue	Business Code	1	The transfer of the second		
	11a			<b></b>	<b></b>	-	<b></b>	ļ
	b			<del></del>	<b></b>		<b></b>	
	C	All other revenue .		<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
	de	Total. Add lines 11a-	 .11d	L	<del>                                     </del>		1.460	
	12	Total revenue. See II			108022	1 2 2 2	**************************************	CALLANT SAID OF THE SAID OF THE SAID

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respont include amounts reported on lines 6b, 7b, and 10b of Part VIII.	se or note to any li (A) Total expenses	ne in this Part IX  (B)  Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4838	Охроново	general expenses	0,50,000
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	3096			
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	61415			
9 10 11	Other employee benefits				
a b c	Management	734			
d e f g	Lobbying			The same of the sa	
12 13 14 15 16	Advertising and promotion	1654 3682			
18 19	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings.				
20 21 22	Interest	4752			
23 24	Insurance	8766			
a b	Bank Charges Music	3848 4280			200. 38. 38. 43. 43. 23. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
c d	Due Lic & etc Elevator & bldg repairs	690 9699			
е 25	All other expenses Misc etc Total functional expenses. Add lines 1 through 24e	3683 111137			
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)	111137			

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this f	Part X		
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	9400	1	9400
	2	Savings and temporary cash investments	123607	2_	103726
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	272.4 A
	5	Loans and other receivables from current and former officers, directors,		17.19	Park and the same of the
		trustees, key employees, and highest compensated employees.			
1		Complete Part II of Schedule L	AL OF THE LAW OF THE REST OF THE PERSON OF T	5	Description of the second second second
	6	Loans and other receivables from other disqualified persons (as defined under section	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, and	
		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			**************************************
ets	_	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	\	7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	LANGUAGUAY II
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D		, Au	
		7100	<del>_</del>	10-	
	11	Less: accumulated depreciation	2 320142	10c	22567
	12	Investments—other securities. See Part IV, line 11	<del></del>	12	<del>                                     </del>
	13	Investments—program-related. See Part IV, line 11		13	<del> </del>
	14	Intangible assets	<del></del>	14	<del> </del>
	15	Other assets. See Part IV, line 11		15	<del> </del>
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	453149	+	201241
_	17	Accounts payable and accrued expenses	400140	17	201241
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
es	22	Loans and other payables to current and former officers, directors,			
Ě		trustees, key employees, highest compensated employees, and			
Liabilities		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	
	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			
	00			25	
_	26	Total liabilities. Add lines 17 through 25	d o	26	0
S		complete lines 27 through 29, and lines 33 and 34.			are of the latest
Š	27	Unrestricted net assets		短序 27	
ag	28	Temporarily restricted net assets		28	<del></del>
8	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ř T		complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds	一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一	30	Annual of the second of the se
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets or Fund Balances	33	Total net assets or fund balances	453149	33	201241
_	34	Total liabilities and net assets/fund balances	453149		201241
					Form <b>990</b> (2015)

Page	12
ı ayc	-

Pari	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			$\sqcap$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		108022
2	Total expenses (must equal Part IX, column (A), line 25)	2		111137
3	Revenue less expenses. Subtract line 2 from line 1	3		(3115)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain 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		
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	· · · ·	🛘
				Yes No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		70 Tag	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	7.1	
	Schedule O.		A FARM	
2a	There are a gar manifest of manifest of memory and manifest as of the manifest and a second manifest and a sec		2a	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or		
	reviewed on a separate basis, consolidated basis, or both:		4-14-1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
D	Were the organization's financial statements audited by an independent accountant?		2b	<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed on a		
	Separate basis Consolidated basis Both consolidated and separate basis		15	
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versiaht	- 124 - 146	
C	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	}
	If the organization changed either its oversight process or selection process during the tax year, ex		20	SANCE OF THE CONTRACT
	Schedule O.	.pia		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	1 × 11 × 11 × 11	x
	the Single Audit Act and OMB Circular A-133?		За	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the		<del>_</del>
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь	ļ.
			Form	990 (2015)
				, ,,

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

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

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

OMB No 1545-0047

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

Fraternal Order of Eagles (Year 20	15)		23-7593065		
Part VIII - Income	Credit line 8a	Debit I	ine 8b		
NSF collected	720	1550			
Room Use	4400		,		
	000.40				
Midaa Elaakkaa		7.770			
	16506				
	16506				
	505				
Pool Table fund	214				
Aeris events	7023				
Auxiliary pay backs	1053				
Kohler Fund	293				
Memorial Luncheons	3505	252	21		
Pins & jacket sales	8	33	330		
ATM Surcharge	1297				
Kitchen Expenses		31	13		
Totals:	124719	95	764		
Net: 28955					
·					
			······································		
	·				
•					