Department of the Treasury Internal Revenue Service

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

ection 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (Code)

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

OMB No 1545-0047

2017

Open to Public

A	For the	2017 calendar year, or tax year b	peginning June 1	, 2017, and e	nding Ma	y 31	, 20 18		
В	Check	applicable. C Name of organization Fr	raternal Order of Eagles # 538	•		D Employe	er identification number		
			ternal Order of Eagles # 538		,		23-7593065		
	Name c		O box if mail is not delivered to stree	t address) Roor	n/suite	E Telephor	ne number		
\Box	Initial re	· I		į		541-267-6613			
$\overline{\Box}$			ovince, country, and ZIP or foreign pos	stal code			011 201 0010		
$\overline{\Box}$		d return Coos Bay OR 97420				G Gross re	roints \$		
Ħ		ion pending F Name and address of pri	ncinal officer		Way to this a s		subordinates? Yes No		
	Арриса	on pending it wante and address of prin	ncipal officer.						
					W		s included? Yes No list. (see instructions)		
÷			√ 501(c) () √ (insert no.)	4947(a)(1) or 52	'' 				
<u></u>	Websit					exemption			
K		organization 🗸 Corporation 🗌 Trust	Association Other ▶	L Year of fo	rmation	M State	of legal domicile		
L	art I	Summary		 					
	1	Briefly describe the organization	on's mission or most significa	nt activities:					
Activities & Governance		People Helping People	**	***************************************					
na.		Raising Money for Charities							
ě	2	Check this box ▶☐ if the orga	anization discontinued its ope	rations or dispos	ed of more thai	n 25% of	its net assets.		
Ĝ	3	Number of voting members of	the governing body (Part VI, I	line 1a)		. 3	351		
۵۵	4	Number of independent voting	members of the governing b	ody (Part VI, line	1b)	. 4			
ties	5	Total number of individuals em	nployed in calendar year 2017	(Part V, line 2a)		. 5	8		
Ξ	6	Total number of volunteers (es				6			
Aci	7a	Total unrelated business reven	• •			7a			
	ь	Net unrelated business taxable				7b			
					Prior Y		Current Year		
_	8	Contributions and grants (Part	VIII Ine 1b) RECEIVE	:D		19664			
J.	9	Program service revenue (Part	·	19004	21357				
Revenue	10		· 						
æ	11	Investment income (Part VIII, c Other revenue (Part VIII, colum	'	111	432				
	1				·	81200	85337		
	12	Total revenue—add lines 8 thro)	100975	107126		
	13	Grants and similar amounts pa			·	3889	2196		
	14	Benefits paid to or for member	•		 				
ės	15	Salaries, other compensation, ei		71371	76363				
Expenses	16a	Professional fundraising fees (I		· · · · · ·					
Ď	b	Total fundraising expenses (Pa			_				
ш	17	Other expenses (Part IX, colum	· ·	•		58980	57439		
	18	Total expenses. Add lines 13-	17 (must equal Part IX, colum	n (A), line 25)		134240	135998		
	19	Revenue less expenses. Subtra	act line 18 from line 12	<u></u>		(33265)	(28872)		
5 8					Beginning of C	urrent Year	End of Year		
sets or	20	Total assets (Part X, line 16)				172005	177076		
Net Ass Fund B	21	Total liabilities (Part X, line 26)							
ž.	22	Net assets or fund balances. S	Subtract line 21 from line 20				177076		
Ρ	art II	Signature Block			·				
Ur	der pena	Ities of perjury, I declare that I have example to the period of the per	mined this return, including accompa	nying schedules and	statements, and to	the best of r	my knowledge and belief, it is		
	e, correc	t, and complete Declaration of preparer	(other than officer) is based on all info	ormation of which pre	parer has any know				
٠.		Charles & Was	rd-	- · · · · · · · · · · · · · · · · · · ·		8-2	6-2018		
Sig		Signature of officer	ate	-					
He	re	Charles G W.	and. Treasure	2 √					
		Type or print name and title							
Pa	id	Print/Type preparer's name	Preparer's signature		Date	Check	of PTIN		
	epare	.r				self-em	ployed		
	e On	1 <u>-</u> .			Fin	m's EIN ▶			
J	,. 011	Firm's address ▶			i _	one no			
Ma	y the I	RS discuss this return with the p	oreparer shown above? (see i	nstructions) .			Yes No		

For Paperwork Reduction Act Notice, see the separate instructions.



4e Total program service expenses ▶

orm 990	(201	7)	23-7593065	Page 2
Part I	П	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to a	ny line in this Part III	<u> 🗆</u>
1	Brief	fly describe the organization's mission:		•
		the organization undertake any significant program service		
	•	r Form 990 or 990-EZ?		es 🗹 No
		es," describe these new services on Schedule O. the organization cease conducting, or make significar	of changes in how it conducts any program	
		ices?		es 🗸 No
		es," describe these changes on Schedule O.		٠و
		cribe the organization's program service accomplishmen	ts for each of its three largest program services, as m	easured by
	expe	enses. Section 501(c)(3) and 501(c)(4) organizations are r	equired to report the amount of grants and allocation	
	the t	total expenses, and revenue, if any, for each program serv	rice reported.	
4a	(Coc	de:) (Expenses \$ including gra	ants of \$) (Revenue \$)
4b	(Coc	de:) (Expenses \$ including gra	ants of \$) (Revenue \$)
	(000	, (Exponess ϕ	, (lovelide	/
4c	(Coc	de·) (Expenses \$including gra	ants of \$) (Revenue \$)
			•	
				·····
4d	Oth	er program services (Describe in Schedule O.)		<u> </u>
-u		penses \$ Including grants of \$) (Revenue \$	

Part	V 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,"		- 1	,
	complete Schedule A	1		<u>√</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		✓
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		✓
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		√
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		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		√
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
þ	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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		1
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		1
	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	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		/ _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		/
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		/ _
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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	-	1
		<u></u>		<u> </u>

Part	Checklist of Required Schedules (continued)	—	W A	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No /
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<u>/_</u>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	,	/
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		_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		/_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		/
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		/
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		/_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	,	✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Schedule L, Part IV	28a 28b		<u>√</u> √
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		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
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		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		√
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37		1
			m 990 ((2017

Form **990** (2017)

Part	V Statements Regarding Other IRS Filings and Tax Compliance	-		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4	5 (15)		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ŀ
·	reportable gaming (gambling) winnings to prize winners?	1c	1	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	 	<u> </u>	_
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2ь	1	ĺ
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	·	
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			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	Í _	[
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ł	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa	 	\ <u> </u>
•	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	U	-	<u> </u>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		Ì	
	and services provided to the payor?	7a	ĺ	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			[
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	<u> </u>	V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	1
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	 	/
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-	 	+
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Ì
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		ļ	-
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	_	j	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)	╡	İ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	₩-	1
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	┨		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	┼─	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	+	+*
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	┪		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h		17

FOITH 98	· · · · · · · · · · · · · · · · · · ·			aye 0
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management	<u></u> -	••••	
0000	on A. doverning body and management	7	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
14	If there are material differences in voting rights among members of the governing body, or		i	
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	1	İ
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		/
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		✓
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	ŀ		
	describe in Schedule O how this was done	12c		/
13	Did the organization have a written whistleblower policy?	13		/
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by			İ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	
а	The organization's CEO, Executive Director, or top management official	15a		√
b	Other officers or key employees of the organization	15b	<u> </u>	√ _
	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 arrangement		ļ	
	with a taxable entity during the year?	16a	<u> </u>	✓_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		ł	
Seat:	organization's exempt status with respect to such arrangements?	16b	<u> </u>	
3ecti				
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, and 990-T (Section	501	(0)(3)	e only
10	available for public inspection. Indicate how you made these available. Check all that apply.	1 30 1	(0)(0):	s only)
	_			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interpretations and its programmes.	ores+	nolio	v and
13	financial statements available to the public during the tax year.	51 5 51	POlic	y, and
20		00-4-	🛌	
	State the name, address, and telephone number of the person who possesses the organization's books and re Eagles #538, 568 South 2nd Atreet, Coos av OR 97420, 541-267-6613	Joius	, –	

Form **990** (2017)

Part VII	Compensation of Officers, Dire	ectors, Trustees,	Key Employees, I	Highest Compensated	Employees, and
	Independent Contractors				

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any currer	it officer, director	, or trustee.
	1				C)			1		
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than one is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	악	lns	읓	Κe	em Hig	Ę	from the	related organizations	other compensation
	related	Individual trustee or director	Ē	Officer	Key employee	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	or a	lona		힣	8 5		(W-2/1099-MISC)		organization and related
	line)	rust	a		ee	npe				organizations
	}	8	Institutional trustee	ł		Highest compensated employee	}	1		
	<u> </u>				L					
(1) Alvin Goodwin	2									
WorthyJr Past President		<u> </u>		✓			<u> </u>	<u></u>		
(2) Steve Skredsvig	8									
Worthy President				1		<u> </u>				
(3) Wayne Mayer	4			1						
Worthy Vice President		<u> </u>	<u> </u>	✓						
(4) Donald Schall	4			١.	1		ŀ			11
Worthy Chaplin		ļ	_	✓		<u> </u>	<u> </u>			
(5) Rylyn Dodd	12	ļ	}] .		}	1	1	}	
Worthy Secretary			<u> </u>	✓	<u> </u>		ļ	2886		
(6) Charles Ward	20	1		١,	1	1				
Worthy Treasurer		<u> </u>	ļ	1	<u> </u>	 	<u> </u>	<u> </u>		<u> </u>
(7) Mark Lockhart	4	-		١,		1				
Worthy Conductor	ļ	├	<u> </u>	✓	├	<u> </u>	├-		 	
(8) Ron Bredlove	3	{	[١,	[[[
Worthy Insided Guard	 	├	-	1	├	<u> </u>	\vdash	ļ		
(9) Tim Kempton	2	ļ		١,		ļ	Į)		
Worthy Outside Guard	 	├	┝-	✓	-	├	-	 		
(10) Alvin Goodwin	22	•		١,			ļ			
Worthy Trustee	 	-	 -	✓	-	├-	+	 	 	
(11) Kevin Brooks	4	ł		/						
Worthy Trustee			┢	-	-	├	╁	 		
(12) Brett Jackson	6	1	1	1		Ì	ĺ	Í		
Worthy Trustee (13) Tony Dub	1-10	 	\vdash	+	1	╁──	\vdash	 	 	
Worthy Trustee	10	†		1]]		
(14) Fred Miller		 	┢╌	+	-	├	\vdash	 		
Worthy Trustee	6	1		1	1					
WORTH HUSIEE	<u> </u>			V		<u> </u>	1			<u> </u>

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighes	st C	ompensated E	mployees (c	ontinued)		_
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than box, unless person is bo officer and a director/tru					an ee)	(D) Reportable compensation from	(E) Reportable compensation fro related		ot		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatioi (W-2/1099-M		fron organ and r	ensation n the lization related izations	
(15)														
(16)														
(17)						-			 					
(18)						-								
(19)			-					-						
(20)			_		_			-			_			
(21)						-								
(22)					-	-		-						
(23)					_									
(24)											-			
(25)				-		-								
1b c d	Sub-total	VII, Sectio		•	· ·		<u>.</u> .	> > >	2886			- <u>-</u>		
2	Total number of individuals (including bur reportable compensation from the organ	t not limited						e) w		ore than \$10	00,000 c	f		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc								nest compe	nsated	3	Yes	No_
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150	,000)? /	f "Ye	s,"	complete Sci	nedule J fo		4		1
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	fro	m an	y ur	nrelated organi		lıvıdual	5		1
Section	on B. Independent Contractors											<u> </u>		<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress			_				(B) Description of	services	C	(C) ompens	sation	
						_		1						
								+-	 					
								匚						
2	Total number of independent contractor received more than \$100,000 of compens							o ti	hose listed ab	ove) who				

		Check if Schedule C	contains	a res	ponse or note to	any line in this l	Part VIII	<u> </u>	<u> </u>
		Check if Schedule C				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaigns	· · ·	1a					
irar	ь	Membership dues .		1b	18535	İ			
S, G	С	Fundraising events .		1c	1592				
Gift lar	d	Related organizations		1d	569	1			
ıs, (е	Government grants (con		1e					
er S	f	All other contributions, g		1	! !	1		}	
혈환		and similar amounts not inc		_1f	661	i			
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions include		-					
	<u>h</u>	Total. Add lines 1a-1	<u>f</u>	<u> </u>		21357			
Program Service Revenue	_				Business Code	-			
eve	2a							<u> </u>	
9	b	***************************************			<u> </u>				
ezi	C d				 				
ı Sı	e	•							
grar	f	All other program ser							
Po	g	Total. Add lines 2a-2							<u> </u>
	3	Investment income	(including	dıvid	ends, interest.				
		and other similar amo				432		ĺ	
	4	Income from investmen							
	5	Royalties							
	İ		(ı) Rea		(II) Personal				
	6a	Gross rents				}		1	
	b	Less rental expenses							
	С	Rental income or (loss)	<u> </u>			ļ			
	d	Net rental income or			▶				<u> </u>
	7a	Gross amount from sales of assets other than inventory	(i) Securit	ties	(II) Other				
	b	Less cost or other basis and sales expenses .							
	c	Gain or (loss)							
	d		·		· · · · >				
Other Revenue	8a	Gross income from fu events (not including \$ of contributions report	15 ed on line 1	c).					
Ę		See Part IV, line 18 .		· a	14041]	
ਰ	b	Less direct expenses							
	C	Net income or (loss) to			events ▶	1524		 	
	9a	Gross income from ga See Part IV, line 19 .				1			
				_					
	b	Less: direct expense: Net income or (loss) f				44		İ	
	10a		•	•	ivities	16954		 	
	IUa	returns and allowanc			82637				
	ь	Less cost of goods s	sold	. b	15778				
	С	Net income or (loss) t	from sales	of inv	entory >	66859			
		Miscellaneous F	Revenue		Business Code				
	11a							ļ	
	b	***************************************						<u> </u>	<u> </u>
	С							<u> </u>	
	d	All other revenue .						 	
	e	Total. Add lines 11a-						 	
	12	Total revenue. See I	nstructions	<u></u>	<u> ▶ </u>	107126			Form 990 (2017

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 response or note to any line in this Part IX											
	t include amounts reported on lines 6b, 7b, , 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	2046									
2	Grants and other assistance to domestic individuals. See Part IV, line 22	150									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		'								
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees	0000									
6	Compensation not included above, to disqualified	2886									
O	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	69883									
8	Pension plan accruals and contributions (include	03003									
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes	3594									
11	Fees for services (non-employees)										
а	Management										
p	Legal										
С	Accounting										
d	Lobbying										
e	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.)										
12	Advertising and promotion	222									
13	Office expenses	322 3471			<u> </u>						
14	Information technology	3471									
15	Royalties										
16	Occupancy		- 								
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings .										
20	Interest										
21	Payments to affiliates										
22 23	Depreciation, depletion, and amortization .										
	Insurance	8308									
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)										
а	Bank card charges &s/c	3204									
b	Music / Bands	1980									
С	Dues License & etc	927									
d	Building & equip maintenance	6633									
е	All other expenses Utilities etc	32594									
25	Total functional expenses. Add lines 1 through 24e	135998									
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				1						
	following SOP 98-2 (ASC 958-720)										

Р	art X	Balance Sheet			
_		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
Assets	1	Cash-non-interest-bearing	65632	1	74454
	2	Savings and temporary cash investments [83806	2	80055
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	·
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 445039			
	ь	Less: accumulated depreciation 10b 422472	22567	10c	22567
	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	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	172005		177076
Liabilities	17	Accounts payable and accrued expenses		17	
	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	
	22	Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and 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	ļ		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
	Ì	complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds .		32	
	33	Total net assets or fund balances	172005		177076
	34	Total liabilities and net assets/fund balances	172005		177076

If the organization changed either its oversight process or selection process during the tax year, explain in

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.

За

3b

Form 990 (2017)

Employer identification number

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

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
2017

Open to Public Inspection

Fraternal Order of Eagles # 538 23-7593065 Income: Expense: AtM Surcharges 89. Eagles Auxiliary Pantry 480. Juke Box 547. Kitchen Use 1440. Kitchen Use 2927. NSF Checks collected 570. Hats & Pins Sales 139. Event Refunds 169. Memorial Luncheons 509. Music Funds raised 1785. Room Use donations 5440. R / V Parking 448. Room Use Refunds 1150. Saif Ins Dividend 396. Special Events fund 1102. Special events paid out 640. Tills Long and Short 630. Sysco Refund 197 Shuffle board donation 100. Other note: Transferred Funds from \$Market to General fund \$5017.00 Per Capita Tax 5800. NSF Bank charges 495. Misc Security 178. Pantry Supplies 170. Pool Table Repairs 100. Aerie Events 992. Dues Refunded 65. 14041. **Total Expense** 12517.