



990-EZ

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OMB No 1545-1150

2017

# Short Form

## Return of Organization Exempt From Income Tax

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

Department of the Treasury  
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

1805  
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Inspection

A For the 2017 calendar year, or tax year beginning JUNE 1, 2017, and ending MAY 31, 2018

B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	FRATERNAL ORDER OF EAGLES INC SUNNYSLOPE AERIE #2957		86-0091737
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return	633 WEST HATCHER ROAD		602-942-3966
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ► 0102
<input type="checkbox"/> Amended return	PHOENIX, ARIZONA 85021-2459		08
<input type="checkbox"/> Application pending			

G Accounting Method  Cash  Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) —  501(c)(3)  501(c)( 8 ) (insert no)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 185,759

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2 14,550
	3 Membership dues and assessments	3 7,122
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0.00
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 3,953
Expenses	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 11,177
	c Less: direct expenses from gaming and fundraising events	6c 9,822
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 5,308
	7a Gross sales of inventory, less returns and allowances	7a 148,957
	b Less: cost of goods sold	7b 62,648
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 86,309
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 113,289
	10 Grants and similar amounts paid (list in Schedule O)	10
Net Assets	11 Benefits paid to or for members	11 2,065
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 5,277
	14 Occupancy, rent, utilities, and maintenance	14 61,749
	15 Printing, publications, postage, and shipping	15 6,588
	16 Other expenses (describe in Schedule O)	16 39,756
	17 Total expenses. Add lines 10 through 16	17 115,435
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (2,146)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 438,843
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 436,697

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

**Part II Balance Sheets (see the instructions for Part II)**Check if the organization used Schedule O to respond to any question in this Part II 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	49,740	22 56,136
23	Land and buildings	380,149	23 372,806
24	Other assets (describe in Schedule O)	8,954	24 7,755
25	<b>Total assets</b>	438,843	25 436,697
26	<b>Total liabilities (describe in Schedule O)</b>		26
27	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	438,843	27 436,697

**Part III Statement of Program Service Accomplishments (see the instructions for Part III)**Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? THE FRATERNAL ORDER OF EAGLES UNITES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others)

28			
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a
29			
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
30			
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)		
	(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>
32	<b>Total program service expenses (add lines 28a through 31a)</b>		32

**Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)**Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ANTHONY JOHNSON				
JR PAST WORTHY PRESIDENT	NEC			
SEAN RICHMOND				
WORTHY PRESIDENT	NEC			
HERMANN HELLER				
WORTHY VICE-PRESIDENT	NEC			
TIM BEVILLE				
WORTHY CHAPLAIN	NEC			
BRIAN ROGERS				
SECRETARY	NEC	3,467		
DOUGLAS SCANSEN				
TREASURER	NEC			
BRANDON ROGERS				
WORTHY CONDUCTOR	NEC			
RAY PEACOCK				
INSIDE GUARD	NEC			
KENNETH WHITLOCK				
TRUSTEE	NEC			
FREDERICK WILSON				
TRUSTEE	NEC			
CARL MANESE				
TRUSTEE	NEC			
ANTHONY JOHNSON				
TRUSTEE	NEC			

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  35a X

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ►  37a  37b X

b Did the organization file Form 1120-POL for this year?  38a X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b

b If "Yes," complete Schedule L, Part II and enter the total amount involved  39a

39 Section 501(c)(7) organizations. Enter:  39b

a Initiation fees and capital contributions included on line 9  39a

b Gross receipts, included on line 9, for public use of club facilities  39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ►  ; section 4912 ►  ; section 4955 ►  40b

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  40c

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  40e X

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  40e X

41 List the states with which a copy of this return is filed ► ARIZONA

42a The organization's books are in care of ► ORGANIZATION Telephone no. ► 602-942-3966  
Located at ► 633 WEST HATCHER ROAD PHOENIX, AZ ZIP + 4 ► 85021-2459

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)?

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

c At any time during the calendar year, did the organization maintain an office outside the United States?  
If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ►  43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b X

c Did the organization receive any payments for indoor tanning services during the year?  44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a X

b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here		8/18/2018
	Signature of officer	Date
	BRIAN A. ROGERS	SECRETARY
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CORINNE J. THOMPSON	Preparer's signature 	Date 08/15/2018	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00641661
	Firm's name ► SEDILLO AND ASSOCIATES, LLC.		Firm's EIN ► 20-2423995		
	Firm's address ► 10220 N. 31ST AVE, SUITE 129 PHOENIX, AZ 85051		Phone no 602-241-0712		

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

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

Department of the Treasury  
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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

FRATERNAL ORDER OF EAGLES, INC. SUNNYSLOPE AERIE #2957

Employer identification number

86-0091737

FORM 990-EZ: PAGE 1, LINE 16, OTHER DEDUCTIONS:

CONVENTIONS/CONFERENCES	\$ 7,708
PER CAPITA - GRAND	\$ 3,614
PER CAPITA - STATE	\$ 424
ENTERTAINMENT	\$ 3,705
DEPRECIATION	\$ 24,305
<b>TOTAL</b>	<b>\$ 39,756</b>

FORM 990-EZ, PAGE 2, PART II, LINE 24, OTHER ASSETS: EXCESS INVENTORY

FORM 990-EZ, PAGE 2, PART III, PRIMARY EXEMPT: FRATERNALLY IN THE SPIRIT OF LIBERTY,  
TRUTH, JUSTICE, AND EQUALITY TO MAKE HUMAN LIFE MORE DESIRABLE BY LESSENING IT'S ILLS,  
PROMOTING PEACE AND PROSPERITY.