Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2018

▶ Do not enter social security numbers on this form as it may be made publiq. ∩ Open to Public

Inter	artment of th nal Revenue	e rreasury Service	► Go to www.irs.gov/Form990 for instructions and the late	st information.	10100	Inspect	ion
A	For the 2	018 cale	ndar year, or tax year beginning June 1 , 2018, and en	ding M	ay 31	, 20 19	
В	Check if ap	plicable	C Name of organization Fraternal Order of Eagles # 538		D Employe	er identification nu	mber
	Address ch	nange	Doing business as Fraternal Order of Eagles # 538]	23-7593065	
	Name char	nge	Number and street (or P O box if mail is not delivered to street address) Room	/suite	E Telephor	ne number	
	Initial return	า	568 S. 2nd Street		i	541-267-6616	
	Final return/	terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amended r	etum	Coos Bay OR 97420		G Gross re	ceipts \$	
	Application	pending	F Name and address of principal officer	H(a) is this a	group return for s	subordinates? Yes	✓ No
				H(b) Are al	l subordinates	s included? Wes	☐ No
<u> </u>	Tax-exemp	t status	☐ 501(c)(3)	16 (16)	No," attach a	list (see instruction	ns)
J	Website:	>		H(c) Grou	p exemption	number >	
K	Form of org	anization	✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	mation 1910	M State	of legal domicile	OR
P	art I	Summ	ary \				
	1 B	riefly de	scribe the organization's mission or most significant activities:				
e	P	eople He	elping People				
lan	1		oney for Charities				
le T	2 C	heck th	is box ▶☐ if the organization discontinued its operations or dispose	d of more tha	n 25% of	its net assets.	
& Governance	3 N	lumber (of voting members of the governing body (Part VI, line 1a)		. 3		349
æ	4 N	lumber (of independent voting members of the governing body (Part VI, line 1	b)	. 4		
Activities	5 T	otal nun	nber of individuals employed in calendar year 2018 (Part V, line 2a)		. 5	· · · · · · · · · · · · · · · · · · ·	8
ξ	6 T	otal nun	nber of volunteers (estimate if necessary)		. 6		
Ac	7a ⊤	otal unre	elated business revenue from Part VIII, column (C), line 12		. 7a		
	b N	et unrel	ated business taxable income from Form 990 L Che 38/ED .		. 7b	_	
				Prior Y	'ear	Current Ye	ar
ø.	8 C	ontribut	ions and grants (Part VIII, line 1h) . Service revenue (Part VIII, line 2g)		21357		15962
Š	9 P	rogram	service revenue (Part VIII, line 2g)				
Revenue	l.		nt income (Part VIII, column (A), lines 3, 4, and 7d)		432		255
Œ	11 C	ther rev	enue (Part VIII, column (A), lines 5, 6d. 8c. 9c. God tand i 10 1 .		85337		107240
			enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1071126		123457
			nd similar amounts paid (Part IX, column (A), lines 1-3)	-	2196		3030
	14 B	enefits i	paid to or for members (Part IX, column (A), line 4)				
ç	15 S	alaries, d	other compensation, employee benefits (Part IX, column (A), lines 5-10)		76363		74339
Expenses	16a P	rofessio	nal fundraising fees (Part IX, column (A), line 11e)				
ē.	b T	otal fund	draising expenses (Part IX, column (D), line 25) ▶				
ω	17 C	ther exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		57439		61299
	18 T	otal exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		135998		138668
	19 R	evenue	less expenses. Subtract line 18 from line 12		(28872)		(15211)
5 %				Beginning of C	urrent Year	End of Yea	
Net Assets Fund Balanc	20 T	otal ass	ets (Part X, line 16)		177076		162398
₹ A B	21 T	otal liab	ılıtıes (Part X, line 26)				
훈	22 N	et asset	s or fund balances. Subtract line 21 from line 20		177076		162398
Pa	art II	Signat	ure Block				
Un	der penaltie	s of perjui	y, I declare that I have examined this return, including accompanying schedules and sta	atements, and to	the best of m	ny knowledge and	belief, it is
tru	e, correct, a	ınd compl	ete Declaration of preparer (other than officer) is based on all information of which preparer	arer has any know	/ledge		
			horew & Ward		8-2	0-19	
Sign Here		Signa	ature of officer	D	ate	-,	
		C	harler G. Ward				
_]	Туре	or print name and title				
–– Pa	id	Print/Typ	pe preparer's name Preparer's signature	Date	Check [If PTIN	
	eparer				self-emp		
	e Only	Firm's na	ame ►	Fin	m's EIN ▶		
J3	o Only		ddress ▶	1	one no		
Ма	y the IRS		this return with the preparer shown above? (see instructions)			Yes	☐ No
				No 11282Y		Form 9	90 (2018)

Form 99	0 (2018)	Page 2
Part l		
	Check if Schedule O contains a response or note to any line in this Part III	<u>. Ц</u>
1	Briefly describe the organization's mission:	
	Raising money for charities, People Helping People	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	∑ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_
	services?	∐ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
	······································	
	(
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$))
		•
		· · · · · · · · · · · · · · · · · · ·
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)	
70	(Journal of the series of the	l
		•••••
		
		-
		••
4d	Other program services (Describe in Schedule O.)	
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	

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art	Checklist of Required Schedules			
		r	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		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		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		✓
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		1
đ	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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	√	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
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

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Part	Checklist of Required Schedules (continued)			
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	Yes	No
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		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
C	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		-
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	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 a	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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		✓
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? If "Yes," complete Schedule R, Part VI	37		✓_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		✓
Part	The state of the s			
	Check if Schedule O contains a response or note to any line in this Part V	• •	 Yes	No No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		. 55	.40
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		- 	
	reportable gaming (gambling) winnings to prize winners?	1c	√	(0015
		Forr	ロピピ	(2018)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	\	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year? :	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority 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).			
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		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u> </u>
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		√
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			 -
•	sponsoring organization have excess business holdings at any time during the year?	8		✓_
9	Sponsoring organizations maintaining donor advised funds.			1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		✓
b 10		90		-
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			}
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			<u> </u>
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.	14b		✓
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		✓
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
	If "Yes," complete Form 4720, Schedule O.			

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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	iee ins	struct	
Secti	on A. Governing Body and Management			~
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	i		:
	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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		-
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	70	1	
	one or more members of the governing body?	7a		
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	· •	<u> </u>	
Ū	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		١,
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	odo.	1
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			<u> </u>
_	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 filling 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		✓
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	100		,
13	describe in Schedule O how this was done	12c		\ <u>\</u>
14	Did the organization have a written document retention and destruction policy?	14	1	-
15	Did the process for determining compensation of the following persons include a review and approval by		•	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		✓
	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	16a		
h	with a taxable entity during the year?	.va		1
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oregon			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7	「(Sec	tion (501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
46	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	>	
	Rylyn Dodd, Secretary Eagles # 538, 568 Sth 2nd st., CoosBay OR 97420 541-267-6613		-	

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Part VII	Compensation of Offic	ers, Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contracto	rs						

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

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

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

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

Check this box if neither the organization no	r any relate	d orga	anız	atic	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
	(C)									
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
, <u>, , , , , , , , , , , , , , , , , , </u>	hours per					or/trus		compensation	compensation from	amount of
	week (list any hours for	악글	<u>=</u>	Q	Ž	g∓	٦		related organizations	other compensation
	related	divid	stitu	Officer	y e	흥흥	Former	organization	(W-2/1099-MISC)	from the
	organizations	dual	tion	7	를	yee	"	(W-2/1099-MISC)		organization
	below dotted line)	านเ	al tr		Key employee	ă			,	and related organizations
	,	Individual trustee or director	Institutional trustee		"	eg.				3
			ĕ			Highest compensated employee				
44)										
(1) Steve Skredsvig	2			,						
Worthy Jr. Past President				✓						
(2) Don Schall	4			؍ ا						
Worthy President				✓	_		_			
(3) Fred Miller IV	4			١,	İ					
Worthy Vice President				✓	_		<u> </u>			
(4) Larry Bingham	2									
Worthy Chaplin			L	✓	_		_			
(5) Rylyn Dodd	12			١.						
Worthy Secretary		_		✓	_		_	4898		
(6) Charles Ward	20			١.	l					•
Worthy Treasurer				✓			_			
(7) Mark Lockhart	4			١.						
Worthy Conductor	ļ			✓			_			
(8) Ron Bredlove	2							1		
Worthy Inside Guard				✓	<u> </u>					
(9) Ellie Berliner	2					•				
Worthy Outside Guard				✓			_			
(10) Brett Jackson	6									
Worthy Trustee				✓						
(11) Anton Dubb	8							i		
Worthy Trustee				✓						
(12) Pete Giambalvo	6									
Worthy Trustee				✓						
(13) Alvin Goodwin	2						l	ļ		
Worthy Trustee				✓						
(14) Russell Hartley	2									
Worthy Trustee				✓						

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Part	VI Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, aı	nd F	lighe	st C	ompensated E	mployees (continue	ed)		-
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	e than out to the thick that the thick the the thick the	n an	(D) Reportable compensation	(E) Reportab	n from	Esti	(F) mated ount of	
		week (list any hours for related organizations below dotted line)	ו מש	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N	ons	comp froi orgai and	ther ensation in the nization related lization	1
(15)														
(16)														
(17)														
(18)														
(19)														
(20)													•	
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Sub-total			•	•		•	> > >	4898					
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed	above	e) w	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							emp	oloyee, or high	est compe	ensated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual											4		
5	Did any person listed on line 1a receive of for services rendered to the organization'											-		
Section	on B. Independent Contractors								, por 9011					
1	Complete this table for your five highest compensation from the organization. Repyear.								ear ending wit			anızatıc		ax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
	<u> </u>													
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		_		

Form 990 (2018)

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Part	VIII	Statement of Revenue		•				_
		Check if Schedule O contains	a res	ponse or note to				
			6 1		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaigns	1a					
iran	ь	Membership dues	1b	12508				
s, G	С	Fundraising events	1¢	3454				i
3ft lar,	d	Related organizations	1d					
imi	е	Government grants (contributions)	1e					ļ
tion er S	f	All other contributions, gifts, grants,						
후		and similar amounts not included above	1f					·
Contributions, Gfts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-					-	,
	h	Total. Add lines 1a-1f	· · ·		15962		ļ	
nue	_		,	Businėss Code		_		
eve	2a							
e B	b							
rvic	0							
J Se	d							
3ran	e f	All other program service revenu						
Program Service Revenue	g	Total. Add lines 2a–2f		•				
-	3	Investment income (including						
		and other similar amounts) .			255			
	4	Income from investment of tax-exer	npt b	ond proceeds ▶				
	5	Royalties		▶				
		(ı) Real		(II) Personal				i
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	(10)		>	-			
	7a	Gross amount from sales of (i) Securiti		(ii) Other				
		assets other than inventory						
	b	Less cost or other basis and sales expenses .						
	С	Gain or (loss)	-					
	d	Net gain or (loss)		.				
	_		•					
en.	8a	Gross income from fundraising						
ver		events (not including \$ 34	54					
Other Reve		of contributions reported on line 1						
Ē		See Part IV, line 18	· a	14874				
ott	b	Less. direct expenses			-			
		Net income or (loss) from fundra	_	events . >	(6049)		ļ	
	9a	Gross income from gaming activi					}	
		See Part IV, line 19						
		Less direct expenses	b					
	· C	Net income or (loss) from gamin Gross sales of inventory,	_	vities ▶	12461			<u> </u>
	IVa	returns and allowances		170224		•		
	b	Less. cost of goods sold	_	170337	ľ			
	C	Net income or (loss) from sales of			100828			
		Miscellaneous Revenue		Business Code	100028			•
	11a							· · · · · · · · · · · · · · · · · · ·
	b					···· =		
	С						<u> </u>	
	d	All other revenue	•					
	е	Total. Add lines 11a-11d		L.				
	12	Total revenue. See instructions		▶ [123457			

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	90 (2018)				Page 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must con	anlata all actumna. A	Il other ergenization	no must complete co	human (A)
Secuc	Check if Schedule O contains a respon				
	of include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3030			
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	4898			
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	61220			
9	Other employee benefits	275			
10	Payroll taxes	7946			_
11	Fees for services (non-employees).				
a	Management				
b	Legal				
c d	Accounting				
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	798			
13	Office expenses	2875			
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .		. <u> </u>		<u>. </u>
23	Insurance	8106			
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 Charges	4021			
b	Dues, License, Permits	1751			
C	Utilities	37218			
d	Music Bands etc	6530			
e 25	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	13868			
	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)	•			

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	art X						
		Check if Schedule O contains a response or	r note	to any line in this Par	t <u>X</u>	<u> </u>	<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			74454	1	59552
	2	Savings and temporary cash investments			80055		80279
	3	Pledges and grants receivable, net		The state of the s		3	
	4	Accounts receivable, net				4	
•	5	Loans and other receivables from current and		F			
	•	trustees, key employees, and highest of					
		Complete Part II of Schedule L		, , , h		5	
	6	Loans and other receivables from other disqualified pers	sons (as	s defined under section			
	•	4058(f)(1)), persons described in section 4958(c)(3)(B), ai					
ţ		apparating organizations of section 501(c)(9) volum					
		organizations (see instructions). Complete Part II of Sche	edule L			6	
Assets	7	Notes and loans receivable, net		[7	
Ą	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			<u> </u>
	b	Less accumulated depreciation	10b	442472	22567	10c	22567
	11	• •				11	
	12	Investments—other securities. See Part IV, line				12	
	13	Investments—program-related. See Part IV, line			13		
	14	Intangible assets	—		14		
	15	Other assets. See Part IV, line 11		<u> </u>		15	
	16	Total assets. Add lines 1 through 15 (must equa			177076		162398
	17	Accounts payable and accrued expenses				17	 ,
	18	Grants payable			18		
	19	Deferred revenue		20			
	20 21	Tax-exempt bond liabilities			21		
s	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen					
Ē		disqualified persons. Complete Part II of Schedu				22	
===	23	Secured mortgages and notes payable to unrela		ird parties		23	
	24	Unsecured notes and loans payable to unrelated		_		24	
	25	Other liabilities (including federal income tax,	payab	les to related third			
		parties, and other liabilities not included on lines	s 17–2	4). Complete Part X		.	
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25				26	
s		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🔲 and			
ခွ		complete lines 27 through 29, and lines 33 an		-			
<u>ī</u>	27	Unrestricted net assets				27	_
ä	28	Temporarily restricted net assets				28	
<u>=</u>	29	Permanently restricted net assets				29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9) complete lines 30 through 34.	58), cn	eck nere ► 📋 and		1	
0	20	-		<u> </u> -		-20	
ě	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed				30	
Ass	31 32	Retained earnings, endowment, accumulated in				32	
Net Assets	33	Total net assets or fund balances			177076		162398
Z	34	Total liabilities and net assets/fund balances		F	177076		162398
_	•						5 000 (0040)

Form 990 (2018) Page **12** Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 123457 2 Total expenses (must equal Part IX, column (A), line 25) 2 138668 3 3 15211 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 5 5 6 6 7 7 8 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 533 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 162398 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Yes No Accounting method used to prepare the Form 990. Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? . 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2018)

3b

SCHEDULE 0 (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 2018

23.7593065

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization Fraternal Order of Eagles # 538 23-759306 Expenses: Income 2033 Kitchen Use 4976 ATM surcharge 425 Juke Box 599 Room Deposit refund 171 Kitchen useage 1580 Special events paid out Hats & Pins 140 Till shortages 2553 (Empl terminated) Memorial Luncheons 648 Mid Winter Booklets 640 8701 **Music fund Donation** 815 Grand Aerie Per capita tax 5060 4828 **Room use Donations Building & Equip Maint** 340 **Bulletin Postage** 783 **RV Parking** 557 Janitorial Supplies Saif Ins Dividend 371 Special Events 577 **Sub Total Other Income** 14874 Sub total other Expenses 20923 **Mid Winter Convention** 3454 Charities donations itemized: Utilities expense itemized. **CB NB Waterboard** 2060 Young Life Garbage Pickup 3016 Beloni's Boy's Ranch 175 23316 USO boy's baseball 25 Pacfic Power & I Art Ehrmann fund 100 Spectrum (TV cable & phone) 4113 **Disaster Relief** 100 100 Jimmy Durrante Children Max Baer fund 100 **Muscular Dystrophy** 100 Robert Hansen fund 100 **Shriners** 170

Asset adjustment tills set aside for events \$533