DLN: 93493053002000 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 06-01-2018 , and ending 05-31-2019 C Name of organization D Employer identification number B Check if applicable FRATERNAL ORDER OF EAGLES ☐ Address change LOOKOUT AERIE 703 41-0265369 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 107 11TH STREET NE ☐ Application pending (507) 433-8675 City or town, state or province, country, and ZIP or foreign postal code AUSTIN, MN $\,$ 55912 $\,$ G Gross receipts \$ 5,673,188 Name and address of principal officer H(a) Is this a group return for TERESA DEROUSSE □Yes ☑No subordinates? 107 11TH STREET NE H(b) Are all subordinates AUSTIN, MN 55912 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(8) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW EAGLES703 ORG L Year of formation 1904 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO OPERATE A FRATERNAL ORGANIZATION ADMINISTERED UNDER A LODGE SYSTEM FOR THE PURPOSE OF PROVIDING BENEFITS AND SOCIAL/RECREATIONAL ACTIVITIES FOR THE ORGANIZATION'S MEMBERS Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 5 41 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -109,467 b Net unrelated business taxable income from Form 990-T, line 34 7b -9.036 **Prior Year Current Year** 1,201 34.846 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 19,771 16,510 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 490,721 409,268 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 460,628 511,697 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 226,446 232,352 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 229,507 203,019 455,953 435,371 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 55,744 25,257 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 719,319 860,293 607,121 21 Total liabilities (Part X, line 26) . 491,404 22 Net assets or fund balances Subtract line 21 from line 20 253,172 Signature Block 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 2020-02-10 Signature of officer Sign Here TERESA DEROUSSE PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check 🗹 ıf 2020-02-10 P00946112 Paid self-employed Firm's name ► KENNETH B VONDERHARR CPA Firm's EIN ▶ 20-3876776 **Preparer** Use Only Firm's address ► PO BOX 501 Phone no (507) 354-5813 NEW ULM, MN 560730501 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2	2018)				Page 2
Pa	rt III	Statement of Program So	ervice Accomplisi	hments		
		Check if Schedule O contains a	response or note to a	any line in this Part III .		🗆
1	Briefly	y describe the organization's miss	sion	·		
		E A FRATERNAL ORGANIZATION A			R THE PURPOSE OF PROVIDING BE	NEFITS AND
2	Dıd th	ne organization undertake any sig	ınıfıcant program serv	vices during the year whi	ıch were not listed on	
	the pr	nor Form 990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes	s," describe these new services o	n Schedule O			
3	Did th	ne organization cease conducting,	or make significant o	changes in how it conduc	cts, any program	
		res?				☐ Yes ☑ No
4	Descri Sectio	ibe the organization's program se	ervice accomplishmen nizations are required	to report the amount of	argest program services, as measur grants and allocations to others, th	
4a	(Code) (Expenses \$	430,807	including grants of \$) (Revenue \$)
···	•	dditional Data	130,007	meraanig grante er ¢	γ (πονεπασ φ	,
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other	program services (Describe in S	chedule O)			
74		enses \$	including grants of	\$) (Revenue \$)
4e		program service expenses	430,8	•	· · · · · · · · · · · · · · · · · · ·	·

Form	990 (2018)			Page 3
Par	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	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		
	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		No
	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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
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	Yes	
	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		No
	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 2	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
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		No
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	Yes	
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No
_	to the south and the organization attacks a copy or the database manifest of the feet and	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

No

Nο

21

22

				Page
Par	Checklist of Required Schedules (continued)			
3	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	Yes	No No
	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		No
)	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
2	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		
i	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
а	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		
)	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		
	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		No
	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		No
	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		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		No
	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		No
1	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
	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		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
4	Statements Regarding Other IRS Filings and Tax Compliance			

1a

1b

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

0

10a

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

No

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a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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

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

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Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheducheck if Schedule O contains a response or note to any line in this Part VI	ule O	See instructions	•	onse to l	ines 🔽
Se	ction	A. Governing Body and Management					
		ı		1		Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	9			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O					
b		the number of voting members included in line 1a, above, who are independent	1b	9			
2		l ny officer, director, trustee, or key employee have a family relationship or a busines r, director, trustee, or key employee		-	2		No
3		ne organization delegate control over management duties customarily performed by cers, directors or trustees, or key employees to a management company or other p			3		No
4	Did th	e organization make any significant changes to its governing documents since the	prior F	Form 990 was filed? .	4		No
5	Did th	e organization become aware during the year of a significant diversion of the organ	nizatio	n's assets?	5		No
6	Did th	ne organization have members or stockholders?			6	Yes	
7a		ne organization have members, stockholders, or other persons who had the power to	o elec	t or appoint one or more	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body?	mem	bers, stockholders, or	7b		No
8		e organization contemporaneously document the meetings held or written actions llowing	undert	taken during the year by			
а	The g	overning body?			8a	Yes	
Ь	Each	committee with authority to act on behalf of the governing body?			8 b	Yes	
9	Is the	re any officer, director, trustee, or key employee listed in Part VII, Section A, who c ization's mailing address? If "Yes," provide the names and addresses in Schedule C	annot	be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requi	ired b	y the Internal Revenu	e Code	2.)	
						Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the activitie ranches to ensure their operations are consistent with the organization's exempt pi			10b		
11a	Has tl form?	ne organization provided a complete copy of this Form 990 to all members of its go	vernin •	ng body before filing the	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13 .			12a		No
b		officers, directors, or trustees, and key employees required to disclose annually interests?	erests	that could give rise to	12b		
C		ne organization regularly and consistently monitor and enforce compliance with the dule O how this was done	policy •	? If "Yes," describe in	12c		
13	Did th	ne organization have a written whistleblower policy?			13		No
14	Did th	e organization have a written document retention and destruction policy?			14		No
15		ne process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and					
а	The o	rganization's CEO, Executive Director, or top management official			15a		No
b	Other	officers or key employees of the organization			15b	Yes	
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		ne organization invest in, contribute assets to, or participate in a joint venture or single entity during the year?	mılar a	arrangement with a	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organizati it venture arrangements under applicable federal tax law, and take steps to safegu	ard th				
	status	s with respect to such arrangements?	ı		16b		
Se		C. Disclosure					
17	List th	ne States with which a copy of this Form 990 is required to be filed MN					
18	only)	on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), savailable for public inspection. Indicate how you made these available. Check all the	at app	ply			
		Own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Sc		•			
19	policy	ibe in Schedule O whether (and if so, how) the organization made its governing do , and financial statements available to the public during the tax year					
20		the name, address, and telephone number of the person who possesses the organi ORGANIZATION 107 11TH STREET NE AUSTIN, MN 55912 (507) 433-8675	ızatıon	's books and records			

(F)

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons
- 🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) (D) (E) (A) (B)

Name and Title	Average hours per week (list any hours		n (do ne bo	ox, ι n of	t ch unle: ficer	ss pers and a ee)	son	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trust⊌€	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) TERESA DEROUSSE PRESIDENT	2 00	Х		×				0	0	0
(2) CRAIG BYRAM PAST PRESIDENT	2 00	Х		x				0	0	0
(3) DEAN PETERSON VICE PRESIDENT	2 00	Х		x				0	0	0
(4) CARMEL TAYLOR SECRETARY	2 00	×		x				0	0	0
(5) DELAYEY BAKKE TREASURER	2 00	X		×				0	0	0
(6) GLENN NEWMANN OUTSIDE GUARD	1 00	X						0	0	0
(7) DAVID FOLKEN TRUSTEE	1 00	X						0	0	0
(8) RANDY TIGNER CHAPLAIN	1 00	X						0	0	0
(9) DANA MILLER TRUSTEE	1 00	Х						0	0	0
										Form 990 (2018)

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Part VII Section A. Officers, Dire	ctors, Trustees	s, Key	Emp	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours	than o	ne b	ox, u n off	t che inles ficer	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	2/1099-M15C)	2/1099-MISC)	organization and related organizations

	4		at ed		

1b Sub-Total			*		

1b Sub-Total				•	▶ _			
c Total from continuation sheets to Pa	art VII , Section	Α			▶			
d Total (add lines 1b and 1s)					-	Λl	Δl	0

1b Sub-Total	-	 _	*		

1b Sub-Total	1b Sub-Total											
c Total from continuation sheets to Pa	art VII , Section A	١				▶						
-									1			

Yes

3

4

5

(B)

Description of services

No

Nο

No

No

(C)

Compensation

Form 990 (2018)

Total number of individuals (including but not limited to those listed above) who received more than \$100,000

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

of reportable compensation from the organization ▶ 0

Section B. Independent Contractors

compensation from the organization ▶ 0

line 1a? If "Yes," complete Schedule J for such individual .

2

3

4

5

Part			Revenue							rage 3
		Check if Schedul	e O contains a	respo	onse or note to any	line in this Part VII	ı		_.	<u> </u>
						(A) Total revenue	f	(B) elated or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a	Federated campaign	ns	1a			<u>'</u>	evenue		312 - 314
nts ints		Membership dues		1b						
ora nou		: Fundraising events		1c						
s, (An		Related organization		1d						
Gifts, Grants illar Amounts		Government grants (co		1e						
ii.		All other contributions,	, i	16	<u> </u>					
tior S.S.	'	and similar amounts no above		1f	34,846					
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contribution in lines 1a - 1f \$								
ರ ಕ	ļ	1 Total. Add lines 1a-	1f	•	>	34,846				
<u>+</u>					Business	Code				
Program Service Revenue	2a	MEMBERSHIPS					16,510	16,	510	
æ	ь									
JC e	c			_						
Ş.	d									
Ē	e									
ogra	f	All other program se	rvice revenue							
Ĕ	g.	Fotal. Add lines 2a–2	f		>	16,510				
		investment income (ir			nterest, and other		1	4		
		imilar amounts)			•	`	4	4		
		ncome from investme				`				
	3 1	Royalties	(ı) Real		(II) Personal	<u> </u>				
	6a	Gross rents	(i) Real		(II) T CI SOIIdi	-				
				4,655						
	b	Less rental expenses		0						
	c	Rental income or		4,655		-				
	_	(loss)								
	d	Net rental income or				4,6	55			4,655
	7-	Gross amount	(ı) Securit	ies	(II) Other	4				
	/ d	Gross amount from sales of assets other								
		than inventory								
	Ь	Less cost or				1				
		other basis and sales expenses								
		Gain or (loss)								
		Net gain or (loss) .			•					
a	ъа	Gross income from fu (not including \$	_	ents of						
n H		contributions reporte	d on line 1c)]					
eve		See Part IV, line 18				4				
r R		Less direct expenses Net income or (loss)		b	ents .					
Other Revenue		Gross income from a	amıng actıvıtı	-	ents		+			
0		See Part IV, line 19								
				a	5,008,286 5,004,995					
		Less direct expenses Net income or (loss)		b		' 3,2'	21		-109,467	112,758
		Gross sales of invent		activit	ies •	7	71		105,407	112,730
		returns and allowanc			J					
	_			а						
		Less cost of goods s		b			20	319,023		
	С	Net income or (loss) Miscellaneous		ınvent	Business Code	319,0	23	319,023		
	11	BENEFIT MONEY	Revenue		business code	45,98	33	45,983		
		DEMENTI MONET						-,		
	h	MORTGAGE PD BY G	AMPLING			36,3	16	36,316		
	ט	MUKTGAGE PD BY G	AMBLING					30,310		
	-					1	_			
	С									
		All other recession				1				
		All other revenue . Total. Add lines 11a-				1				
					•	82,29	99			
	12	Total revenue. See	Instructions	• •	· · · <u></u>	460,6	28	417,836	-109,467	117,413
										Form 990 (2018)

orm 990 (2018)				Page 1 (
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Oo not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	216,832	216,832		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
LO Payroll taxes	15,520	15,520		
L1 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	1,758		1,758	
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)				
L2 Advertising and promotion	12,739	12,739		
L3 Office expenses	2,806		2,806	
L4 Information technology	165	165		
.5 Royalties				
. 6 Occupancy	36,490	36,490		
L 7 Travel	15	15		
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials				
L9 Conferences, conventions, and meetings				
20 Interest	24,614	24,614		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,781	22,781		
23 Insurance	19,574	19,574		
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)	·	·		
a VARIOUS SMALL DONATIONS	45,983	45,983		
b MUSIC & ENTERTAINMENT	21,275	21,275		
c PER CAPITA DUES	7,287	7,287		
d BANK CHARGES	3,084	3,084		
e All other expenses	4,448	4,448		
Total functional expenses. Add lines 1 through 24e	435,371	430,807	4,564	(
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

-orm	990	(2018)					Page 1
Pa	ırt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			197,975	1	283,282
	2	Savings and temporary cash investments .		[2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L	ated em	ployees Complete		5	
ssets	6 7	Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations Part II of Schedule L		6			
SS	8	Inventories for sale or use	21,590	8	16,551		
₹	9	Prepaid expenses and deferred charges	– –	140	9		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,135,574			
	b	Less accumulated depreciation	10 b	575,114	499,614	10 c	560,460
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	e 11 .			13	
	14	Intangible assets		[14	
	15	Other assets See Part IV, line 11	[15		
	16	Total assets.Add lines 1 through 15 (must equ	ial line :	34)	719,319	16	860,293
	17	Accounts payable and accrued expenses			5,477	17	7,656
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ý	21	Escrow or custodial account liability Complete F	Part IV o	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
gel		persons Complete Part II of Schedule L				22	
二	22	C	ورجانة لمصاهد		494 022		500.405

lua	basis Complete Part VI of Schedule D	10a	1,135,574			
Ь	Less accumulated depreciation	10b	575,114	499,614	10 c	560,460
11	Investments—publicly traded securities .	vestments—publicly traded securities .				
12	Investments—other securities See Part IV, line	11 .			12	
13	Investments—program-related See Part IV, line		13			
14	Intangible assets				14	
15	Other assets See Part IV, line 11				15	
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	719,319	16	860,293
17	Accounts payable and accrued expenses			5,477	17	7,656
18	Grants payable				18	
19	Deferred revenue				19	

23

24

25

26

27

28

29

30

31

32

33

34

592,435

7.030

607.121

0

253,172

253,172

860,293

Form **990** (2018)

481,033

4.894

491,404

227,915

227,915

719,319

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and

23

24

26

27 28

29

30

31

32

33 34

Net Assets or Fund Balances

Form	990 (2018)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			460,628
2	Total expenses (must equal Part IX, column (A), line 25)	2			435,371
3	Revenue less expenses Subtract line 2 from line 1	3			25,257
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			227,915
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			253,172
Pa	TXII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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 Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No
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	ıred	3b		

Form **990** (2018)

Additional Data

Software ID: Software Version:

EIN: 41-0265369

Name: FRATERNAL ORDER OF EAGLES LOOKOUT AERIE 703

Form 990 (2018)

Form 990, Part III, Line 4a:

OPERATION OF A FRATERNAL ORGANIZATION IN ORDER TO PROVIDE BENEFITS AND SOCIAL/RECREATIONAL ACTIVITIES TO IT'S MEMBERS

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2018

DLN: 93493053002000

•	al Revenue Service Go to www.irs.	p Attach to Form 990. qov/Form990 for the latest inform	ation.	Inspection
	me of the organization	· · · · · · · · · · · · · · · · · · ·		ployer identification number
	TERNAL ORDER OF EAGLES DKOUT AERIE 703		41-	0265369
	ort I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fu		
	Complete if the organization answered "Yo			
		(a) Donor advised funds		(b)Funds and other accounts
L	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's e		onor advised	funds are the $\hfill\Box$ Yes $\hfill\Box$ No
5	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?			
Dа	rt II Conservation Easements. Complete if t	the organization answered "Yes" o	n Form 990	
	Purpose(s) of conservation easements held by the orga		11 1 01111 330	o, raiciv, iiie /.
	Preservation of land for public use (e.g., recreation		n of an histo	rically important land area
		·		
	☐ Protection of natural habitat	☐ Preservatio	n of a certifie	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in	the form of	
а	Total number of conservation easements		2a	Held at the End of the Year
ь	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histor	ric structure included in (a)	2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register	, ,		
3	Number of conservation easements modified, transferr tax year	ed, released, extinguished, or termina	ted by the or	ganization during the
ı	Number of states where property subject to conservati	on easement is located ▶		_
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		ndling of viol	ations, Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enfo	rcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting ► \$, handling of violations, and enforcing	conservation	easements during the year
3	Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(ii)$?) above satisfy the requirements of se	ction 170(h)	(4)(B)(I) ☐ Y es ☐ N o
•	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financi		•
Par	t III Organizations Maintaining Collections		or Other Si	milar Assets.
	Complete if the organization answered "Yo	·		
La	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	r public exhibition, education, or resea	rch in furthe	
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items			
((i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	ii)Assets included in Form 990, Part X			► \$
٠,	If the organization received or held works of art, histor	rical treasures, or other similar accord	for financial d	·
۷	following amounts required to be reported under SFAS			gain, provide tile

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Cat No 52283D

Par	t III	Organizations M	aintaining Col	lections c	of Art, H	listori	cal T	reasu	ıres, o	r Other	Similar A	ssets (cont	ınued)	
3		ng the organızatıon's acq ns (check all that apply)	juisition, accessioi	n, and other	records,	check	any of	the fo	llowing t	that are a	sıgnıfıcant	use of its col	lection	
а		Public exhibition				d		Loan	or exch	ange prog	grams			
b		Scholarly research				е		Othe	r					
С		Preservation for future	e generations											
4		vide a description of the	organization's col	lections and	l explain l	how the	ey furtl	her the	e organi:	zation's e	xempt purpo	ose in		
5		ing the year, did the org ets to be sold to raise fur									nılar	☐ Yes	□ N	lo
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			" on For	m 990	, Part	IV, lı	ne 9, o	r reporte	ed an amo	unt on Forn	n 990,	Part
1a		he organization an agent uded on Form 990, Part		an or other	ıntermedi	ary for	contri	bution	s or oth	er assets	not	☐ Yes		lo
L	T.C. 111	Voc " overlain the arrange	oment in Bort VIII	and comple	-t- th- f-	llauuna	+=bla					Amount		_
b c		Yes," explain the arrange inning balance	ement in Part XIII	and comple	ete the 10	nowing	table			1c		Aillouit		_
d	_	litions during the year								1d				_
e		ributions during the year	r							1e				_
f		ing balance								1f				_
2a	Dıd	the organization include	an amount on Fo	rm 990, Par	rt X, line i	21, for	escrow	v or cu	stodial a	account lia	ability?	Yes		— lo
b	If "\	es," explain the arrange	ement in Part XIII	Check here	e if the ex	kplanati	on has	s been	provide	d in Part :	XIII	. 🗆		
Pa	rt V	Endowment Fun	ds. Complete ıf	the organ	ızatıon a	answer	ed "Y	es" or	n Form	990, Pai	rt IV, line :	10.		
				(a)Currer	nt year	(b) P	rıor yea	r	(c)Two y	ears back	(d)Three ye	ars back (e)	Four yea	rs back
	_	nning of year balance .						_						
		ributions						_						
		nvestment earnings, gair						_						
		ts or scholarships						_						
е		r expenditures for faciliti programs	es											
f	Admi	nistrative expenses .												
g	End o	of year balance												
2 a		vide the estimated perce rd designated or quasi-e		ent year end	d balance	(line 1	g, colu	mn (a))) held a	ıs	•	•		
b		manent endowment >												
c	Ten	nporarily restricted endo	wment >											
·		percentages on lines 2a		ld equal 100	0%									
За	Are	there endowment funds		•		ion that	t are h	eld an	d admın	istered fo	r the			
	_	anization by										2-(2)	Yes	No
	٠,	unrelated organizations					•					3a(i) 3a(ii)		
ь		related organızatıons . Yes" on 3a(II), are the re		s listed as r	eauired o	on Sche	dule R	? .				. 3b		
4		cribe in Part XIII the inte							-		- '		1	<u> </u>
Pa	rt VI				U = = =	000	D- '	T) (1		C			0	
	Desc	Complete if the ordeription of property	(a) Cost or oth		(b) Cost						rm 990, Pa depreciation		ook valu	
	ادی ر	paon or property	(investme		`_, 5051		(`-, /		F 5.2.3011	(4,5	,	
12	Land							4,900						4,900
							1 00	96,429			549,232			547,197
		ehold improvements					1,0	. 0, 123			5 15,232			
		oment												
		r						34,245			25,882			8,363
_											, -	•		, -

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

(b) Book value	(c) Metho Cost or end-or	od of valuation
		-year market value
orm 990, Part IV, lii		
(b) Book value		od of valuation -year market value
Yes' on Form 990, Pa	rt IV, line 11d See Form	990, Part X, line 15
		(b) Book value
		b
iswered 'Yes' on Fo	rm 990, Part IV, line 1	1e or 11f.
(b) Bo	ook value	
	7,030	
1		
	(b) Book value	yes' on Form 990, Part IV, line 11d. See Form 990, Yes' on Form 990, Part IV, line 11d. See Form 990, Yes' on Form 990, Part IV, line 11d. See Form 990, Swered 'Yes' on Form 990, Part IV, line 1:

1

Schedule D (Form 990) 2018

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990. Part VIII. line 12

1

Page 4

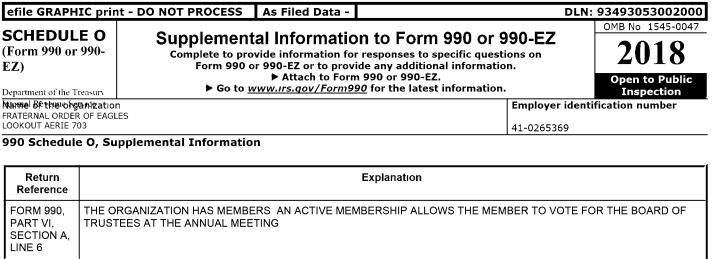
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Returi	n.
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Par	t XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional informatio		4, Part X, line 2, Part
	Return Reference Explanation		

Schedule D (Fo	orm 990) 2018	Page 5	
Part XIII	Supplemental Info	rmation <i>(continued)</i>	
Return Reference		Explanation	
			Schedule D (Form 990) 2018

DLN: 93493053002000 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization FRATERNAL ORDER OF EAGLES LOOKOUT AERIE 703 41-0265369 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Sche	dule G (Form 990 or 990-EZ) 2018			Page 3
11	Does the organization conduct gaming ac	tivities with nonmembers?	✓ Yes	□ No
12	Is the organization a grantor, beneficiary formed to administer charitable gaming?	or trustee of a trust or a member of a partnership or other entity	□Yes	
13	Indicate the percentage of gaming activit	y conducted in		
а	The organization's facility		13a	54 800 %
b	An outside facility		13b	45 200 %
14	Enter the name and address of the perso	n who prepares the organization's gaming/special events books and rec	ords	
	Name PATTI HAMILTON			
	Address ► 107 11TH AVE NE AUSTIN, MN 55912			
15a	Does the organization have a contract will revenue?	th a third party from whom the organization receives gaming	□Yes	
b		enue received by the organization $ hlimes$ $ hlimes$ $ hlimes$ $ hlimes$ $ hlimes$ $ hlimes$ and the		
	amount of gaming revenue retained by th	ne third party 🕨 \$		
С	If "Yes," enter name and address of the t	hird party		
	Name			
	Address ►			
16	Gaming manager information			
	Name ► PATTI HAMILTON			
	Gaming manager compensation ► \$	18,731		
	Description of services provided ► P 67	86 2		
	☐ Director/officer	☑ Employee ☐ Independent contractor		
17 a	Mandatory distributions Is the organization required under state I retain the state gaming license?	aw to make charitable distributions from the gaming proceeds to	.	
b		d under state law distributed to other exempt organizations or spent	✓ Yes	∟ No
Par	t IV Supplemental Information	Provide the explanations required by Part I, line 2b, columns, 16, and 17b, as applicable. Also provide any additional inform		
	Return Reference	Explanation		
		•		

Schedule G (Form 990 or 990-EZ) 2018



Return Explanation

990 Schedule O, Supplemental Information

LINE 7A

FORM 990,	THE ORGANIZATION HAS MEMBERS AN ACTIVE MEMBERSHIP ALLOWS THE MEMBER TO VOTE FOR THE BOARD OF
PART VI,	TRUSTEES AT THE ANNUAL MEETING
SECTION A.	

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	THE FORM 990 IS PREPARED BY THE CERTIFIED PUBLIC ACCOUNTANT WITH THE HELP OF THE BOOKKEEPI
PART VI,	NG PERSONEL AND INQUIRIES OF MEMBERS OF THE BOARD. THE PRELIMINARY FORM IS SENT TO THE ORG
SECTION B,	ANIZATION FOR REVIEW ANY QUESTIONS ARE RESOLVED AND THE RETURN IS THEN PREPARED FOR FILIN
LINE 11B	C ONCE READY FOR FILING. THE PRESIDENT OF THE BOARD SIGNS THE RETURN

Return Explanation

990 Schedule O, Supplemental Information

LINE 15B

FORM 990, PART VI, SECTION B,

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19