

Form 990-EZ

## Short Form

OMB No 1545-1150

## Return of Organization Exempt From Income Tax

2018

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

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

A For the 2018 calendar year, or tax year beginning

JUNE 1, 2018, and ending

MAY 31, 2019

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

FRATERNAL ORDER OF EAGLES SUNNYSLOPE AERIE #2957

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

633 WEST HATCHER ROAD

City or town, state or province, country, and ZIP or foreign postal code

PHOENIX, ARIZONA 85021-2459

08

D Employer identification number

86-0091737

E Telephone number

602-942-3966

F Group Exemption  
Number ► 0102

G Accounting Method

 Cash  Accrual Other (specify) ►

I Website: ►

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

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

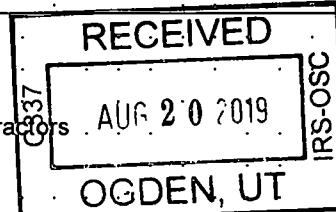
(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 193,668

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	15,317
	3 Membership dues and assessments	3	6,959
	4 Investment income	4	3
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.00
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	10,741
Expenses	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	1,202
	c Less: direct expenses from gaming and fundraising events	6c	9,849
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,094
	7a Gross sales of inventory, less returns and allowances	7a	159,446
	b Less cost of goods sold	7b	86,096
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	73,350
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	97,723
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	5,752
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	5,541
	14 Occupancy, rent, utilities, and maintenance	14	60,831
	15 Printing, publications, postage, and shipping	15	8,676
	16 Other expenses (describe in Schedule O)	16	25,766
	17 Total expenses. Add lines 10 through 16	17	106,566
		18	(8,843)
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	436,697
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	427,854
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	56,136	22 57,098
23	Land and buildings	372,806	23 363,581
24	Other assets (describe in Schedule O)	7,755	24 7,175
25	Total assets	436,697	25 427,854
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	436,697	27 427,854

**Part III Statement of Program Service Accomplishments (see the instructions for Part III)**Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose? THE FRATERNAL ORDER OF EAGLES UNITES

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

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEAN RICHMOND	NEC			
JR PAST WORTHY PRESIDENT	NEC			
HERMAN HELLER	NEC			
WORTHY PRESIDENT	NEC			
RAY STRAHL	NEC			
WORTHY CHAPLAIN	NEC			
BRIAN ROGERS	NEC	3,394		
WORTHY SECRETARY	NEC			
DOUGLAS SCANSEN	NEC			
TREASURER	NEC			
CARL MANESE	NEC			
WORTHY CONDUCTOR	NEC			
RAY PEACOCK	NEC			
INSIDE GUARD	NEC			
KENNETH WHITLOCK	NEC			
TRUSTEE	NEC			
FRED WILSON	NEC			
TRUSTEE	NEC			
DAVID ORAY	NEC			
TRUSTEE	NEC			
SEAN PEARSON	NEC			
TRUSTEE	NEC			
ANTHONY JOHNSON	NEC			
TRUSTEE	NEC			

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____, section 4912 ► _____; section 4955 ► _____	40b	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40c	
41 List the states with which a copy of this return is filed ► ARIZONA	40d	X
42a The organization's books are in care of ► THE ORGANIZATION Telephone no ► 602-942-3966 Located at ► 633 W. HATCHER ROAD PHOENIX, AZ ZIP + 4 ► 85021-2459	42a	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	X

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
		46	X

**Part VI      Section 501(c)(3) Organizations Only**

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

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

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

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

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

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

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**NONE**

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ►

Yes  No

es  No

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

Sign Here	 Signature of officer	Date
	<u>BRIAN A. ROGERS</u> Type or print name and title	<u>SECRETARY</u> <u>8/14/2019</u>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	CORINNE J. THOMPSON	<i>Corinne J. Thompson</i>	08/14/2019		P00641661
	Firm's name ► SEDILLO AND ASSOCIATES, LLC.	Firm's EIN ► 20-2423995			
Firm's address ► 10220 N. 31ST AVE, SUITE 129 PHOENIX, AZ 85051	Phone no 602-241-0712				

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

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Form 990-EZ (2018)

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

Department of the Treasury  
Internal Revenue Service

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

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

- Attach to Form 990 or 990-EZ.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

FRATERNAL ORDER OF EAGLES SUNNYSLOPE AERIE #2957

Employer identification number

86-0091737

FORM 990-EZ: PAGE 1, PART 1, LINE 16, OTHER EXPENSES:

CONVENTIONS, CONFERENCES, VISITATIONS: \$ 2,690

ENTERTAINMENT: \$ 3,900

DEPRECIATION: \$19,176

TOTAL: \$25,766

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

FORM 990-EZ, PAGE 2, PART III, PRIMARY EXEMPT: FRATERNALLY IN THE SPIRIT OF LIBERTY,

TRUTH, JUSTICE, AND EQUALITY TO MAKE HUMAN LIFE MORE DESIRABLE BY LESSENING IT'S ILLS,

PROMOTING PEACE AND PROSPERITY.