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 publication

Open to Public

Department of the Treasury

Go to www irs.gov/Form990 for instructions and the latest information. Inspection and ending 6/1/2018 5/31/2019 For the 2018 calendar year, or tax year beginning Employer identification number C Name of organization Check if applicable FRATERNAL ORDER OF EAGLES #4256 INC Doing business as Address change Number and street (or PO box if mail is not delivered to street address) 91-1799730 Name change Telephone number PO BOX 3162 City or town State ZIP code Initial return ST AUGUSTINE 32085-3162 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code 257,532 Amended return F Name and address of principal officer Application pending H(a) is this a group return for subordinates? BRAD SCHULTZ PO BOX 3162, ST AUGUSTINE, FL 32085 H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) X Tax-exempt status 501(c)) < (insert no) Website: ► N/A H(c) Group exemption number ▶ X Corporation L Year of formation K Form of organization M State of legal domicile Trust Association Other ▶ 1995 FL Part I Summary Briefly describe the organization's mission or most significant activities TO PROMOTE FRATERNALLY IN THE SPIRIT OF Activities & Governance LIBERTY, TRUTH, JUSTICE AND EQUALITY, TO MAKE HUMAN LIFE MORE DESIRABLE BY LESSENING ITS ILLS BY PEOPLE HELPING PEOPLE 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, Jine 1b) 0 4 Total number of individuals employed in calendar year 2018 (Part V, Nine 23 5 0 6 Total number of volunteers (estimate if necessary) 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 38 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 0 0 Revenue 226,215 221,442 Program service revenue (Part VIII, line 2g) 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21,255 14.174 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 247,470 235,616 12 4.900 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 21,351 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 264,288 231,420 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 269,188 252,771 -21,718 19 Revenue less expenses Subtract line 18 from line 12 -17,155Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 607,475 590.320 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 607,475 590,320 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 et (ether than officer) is based on all information of which preparer has any knowledge 4/14/2020 Sian Date Signature of officer Here SECRETARY **BRAD SCHULTZ** Type or print name and title Print/Type preparer's name Preparer's signature Paid 4/14/2020 self-employed ROBERTA KIRKLAND P00748545 **Preparer** ► ROBERTA KIRKLAND TAX SERVICES INC Firm's EIN ► 46-1721183 **Use Only** Firm's address ► 1875 CR 13-A SOUTH, ELKTON, FL 32033-2535 Phone no (904) 692-2649

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

SCANNED

	PRATERINAL ORDER OF EAGLES #4250 INC	91-1/99/30 Fage 2
_Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission TO HELP VARIOUS LOCAL AND NATIONAL CHARITABLE HEALTH RELATED ORGANIZATIONS TO PEOPLE NEEDING FINANCIAL, MEDICAL AND PHYSICAL ASSISTANCE BENEFITED ARE SCHOOLS, NEEDY FAMILIES, AND COMMUNITIES	ASSIST
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.	-
4a	(Code) (Expenses \$ 252,771 including grants of \$) (Reverse TO PROMOTE FRATERNALLY IN THE SPIRIT OF LIBERTY, TRUTH, JUSTICE AND EQUALITY, TO M. DESIRABLE BY LESSENING ITS ILLS BY PEOPLE HELPING PEOPLE TO HELP VARIOUS LOCAL A CHARITABLE HEALTH RELATED ORGANIZATIONS TO ASSIST PEOPLE NEEDING FINANCIAL, MEDIASSISTANCE	AKE LIFE MORE ND NATIONAL DICAL AND PHYSICAL
4b	(Code) (Expenses \$ including grants of \$) (Reverse)	
4c	(Code) (Expenses \$ including grants of \$) (Reve	enue \$)
4d 4e	Other program services (Describe in Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ Total program service expenses 252,771	0)
	rotor program control experience	

Part IV Cho	ecklist of Reau	ired 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		Х
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		X
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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		\ \ <u>\</u>
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а				
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		х
d		110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ_
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	445		v
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		_X_
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>	<u> </u>	
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
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		Х
20a		20a		Х
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 12 If "Yes," complete Schedule I, Parts I and II	21	l x l	

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		1	
	employees? If "Yes," complete Schedule J	23	ļ	x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<u> </u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1]	
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a	l	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	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		<u> </u>
	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	25-		
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	1		
	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	100	\vdash	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			l
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		,
•	Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b	-	X
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	l x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	 	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
250	III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	33a	\vdash	 ^
	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	<u> </u>	X
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	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			\sqcup
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	4		l
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	X	<u> </u>

Pan	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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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,	4.		v
L	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ	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)			
E.	· · · · · · · · · · · · · · · · · · ·	<u> </u>		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
b c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		$\hat{\mathbf{x}}$
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		_^
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		
U	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- 0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
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 7d			
e	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 0			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	, , , , , , , , , , , , , , , , , , ,	12a		
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	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	13a		
	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 13b	1		
C	Enter the amount of reserves on hand	-		
14a		14a		Х
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		<u> </u>
	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		X
	If "Yes " complete Form 4720. Schedule O			

Part VI:

FRATERNAL ORDER OF EAGLES #4256 INC

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI				<u></u>
Sect	ion A. Governing Body and Management				
		4.		Yes	No
1а	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	1a	4		!
	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	ol		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations		٦		
	any other officer, director, trustee, or key employee?		2		X
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		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5		X
6	Did the organization have members or stockholders?		6_	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	-	V	ĺ
	one or more members of the governing body?		7a_	Х	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members) ,	7b		x
8	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertake	n durina	70		 ^-
0	the year by the following	ir during			۱ ۱
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	<u> </u>	X
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such		10h		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt put has the organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided as the organi		10b 11a	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ine ming the lotti.	110	<u> </u>	
b 12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		Х
14	Did the organization have a written document retention and destruction policy?		14	ļ	Х
15	Did the process for determining compensation of the following persons include a review and appro				1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	45.		
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b	_	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	aement			
Iba	with a taxable entity during the year?	jement	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	iate its	1.55		
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► FL				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990		501(c)		
	(3)s only) available for public inspection Indicate how you made these available Check all that ap				
		oplain in Schedule O		لم	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest po	nicy, ar	iū	
20	financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's	nooks and records	•		
20	GENERAL MEMBERSHIP	(904) 829-983	1		
	13 SOUTH DIXIE HIGHWAY ST AUGUSTINE FL 32084				

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

	Check if Schedule C	contains a	response or note to an	y line in this Part VII .
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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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office	C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Officer Individual trustee or director			an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) BRAD SCHULTZ	18 00									
SECRETARY	0 00			X						
(2) SHAWN GRIFFIN	18 00									
PRESIDENT	0 00			X		<u></u>				
(3) DENNIS COLBY	18 00	•								
VICE PRESIDENT	0 00	-	_	X	L		_			
(4) WAYNE PIERCE	18 00								:	
TREASURER	0 00			X	<u> </u>					
										
					_					
(8)			_				ļ			
(9)			_							
(10)										-
(11)										
(12)										
(13)										
(14)										

Р	Section A. Officers, Directors, Tru	istees, Key Emj	ploye	es,	and	iH t	ghes	t Co	ompensated Em	ployees (contin	ued)		
	(C) Position (A) (B) (do not check more than one box, unless person is both an hours per officer and a director/trustee) (D) (E) Reportable Reportation compens										(F) stimated mount of			
	hours for [급립 및 기계 및 기									from rela organizat (W-2/1099-	ions	fi org an	other npensate rom the ganizate d relate anizate	e on ed
(15)														
(16)														
(17)														
(18)									-			•		
(19)								-						,-,-
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total Total from continuation sheets to Part VII, Se	ection A				•		>	0	 	0			C
_ d	Total (add lines 1b and 1c)	sction A						<u> </u>	0		0			
2	Total number of individuals (including but not lir reportable compensation from the organization		ted a		e) v 0	vho	recei	ved	more than \$100	,000 of				
	- reportue to importue ato in a to organization				<u> </u>								Yes	No
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>		-		oye	e, o	r high	nest	compensated				-	x
4	For any individual listed on line 1a, is the sum of													
	the organization and related organizations grea	ter than \$150,00	00? <i>If</i>	"Ye	·s, "	com	plete	: Sc	hedule J for suc	h		4		X
5	Did any person listed on line 1a receive or accr	•			-			_		/idual	Ī			
Sec	for services rendered to the organization? If "Ye tion B. Independent Contractors	es, complete so	neau	ie J	101	Suc	n per	SOL	<u> </u>			5		X
1														
(A) (B) Name and business address Description of services								c	(C) ompen					
								_						- 0
														C
2	Total number of independent contractors (include			tho	se l	ste		ve)	who received		<i>*.</i>		•	0
	more than \$100,000 of compensation from the	organization	▶_				0							

Form 990 (2018)
Part VIII

		Check if Schedule O contains	a response	or n	ote to any line ir	n this Part VIII			
						(A) Total revenue	(B) , Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S S	1a	Federated campaigns		1a	0				
ant	b	Membership dues		1b	0	3.15 1.75 miles			
ي ق	c.	Fundraising events		1c		in the proposition of the contract of the	րդըստիկանիկանում անականում է և		រាការពីប្រព័ត្តពិការប្រព័ត្តព្រះប្រព័ត្តព្រះបានក
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		1d	0	de la light de la			Cia Chiaj Ta ay uyuun ayan ci u hi
	e	Government grants (contributions	s)	1e	. 0		4.4		
E E	f	All other contributions, gifts, gran		1.7					San Carlotte Contract
the per		similar amounts not included abo		1f	·				
2 G	a	Noncash contributions included in li	-	\$. 0				
S &	h	Total. Add lines 1a–1f		-11	•	0		es a professional de la company	
		Total: Add lines 1a-11			Business Code		A4 7 30 30 50 50 50 50 50 50 50 50 50 50 50 50 50		
Program Service Revenue	2a	· •				0			ى ئىلىنىڭ يەرىشىدىكىنىڭ ئىلىكى ئىلىنىڭ ئىلىكىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىنىڭ ئىلىن د
96	b	*				0			
9					,	0	 		
کِّ	C					, 0	 		
Se	d				,	0		· · · · · · · · · · · · · · · · · · ·	
ran	e	A II - Al-					+		
<u>o</u>	' T	All other program service revenue	е			221,442	A	K-KINGLANCO KAN	en politica and property and the
	9	Total. Add lines 2a–2f		4		221,442	234 X 544 X 544 X 144 X	SALMANICAS AND ASS	ARTHUR TO A CALL A CAL
	3	· Investment income (including div	idenas, inter	est,	ano.				
		other similar amounts)				0			
	4	Income from investment of tax-ex	xempt bona p	oroc	eeas ,	0	1		-
	5	Royalties	(ı) Real		(II) Personal	0	Erican Nagarat depuis film	THE SECTION ASSESSMENT OF THE SECTION ASSESSMENT	erichtering der eine sammen
		•	(1) 1/4/81		(ii) reisoliai			Mark Control	
	6a	Gross rents	<u> </u>						
	b	Less rental expenses							
	С	Rental income or (loss)	L .	0	- 0			166-16-16-16-16-16-16-16-16-16-16-16-16-	
	d	Net rental income or (loss)	(i) Securities		(II) Other	0	LASTAGE SELECTIONS		eriani sanda i
	7a	Gross amount from sales of	(i) Securities				William Company of Table		
	١.	assets other than inventory		0	. 0				
	p.	Less cost or other basis		٠ _					
		and sales expenses	<u> </u>	0	0				
•	C.	· Gain or (loss)		_ O	0			757	
	d	Net gain or (loss)	1			Catalogue and Catalogue Control		a alligici. Son mundulmini un enerchista	an de a se anno de la composición del composición de la composició
, do	_		te s						
ž	8ā	Gross income from fundraising	_			Carried Towns			
, e		events (not including \$	0						
8		of contributions reported on line	1C)						
Ĕ.		See Part IV, line 18		a	22,665	\$100 market and \$100 miles (\$100 miles (\$1		The acquirement of the state of	
Other Revenue	l	Less direct expenses		D	11,236				
_	C	Net income or (loss) from fundrai	_			11,429	Part of the Control o	The second secon	Strong and Strong and
•	9a	Gross income from gaming activi	ntes		5140 40E	regionim promotini se tradice		miranahan Turundakend	minima a marka
	١.,	See Part IV, lino 19	•	а	13,425				
	þ	Less direct expenses		D	10,680				
	C	Net income or (loss) from gaming	g activities			2,745	25705-4262-04687690	CHREST SECTION CONTROL	RATER STREET
,	10a	Gross sales of inventory, less		_	_				
	١	returns and allowances		a	, 0				
•	b	Less cost of goods sold	· · · · · · · · · · · · · · · · · · ·	b					
	C	Net income or (loss) from sales of	rinventory		Pusiness Cada	0	. WAS A SECTION SECTION		
	44-	Miscellaneous Revenue	·····		Business Code	4.55	24242		
	11a					0	-		
T .	D .					. 0	 		
	C	All other revenue				0	 		
	d	All other revenue	,			0,	446, 3-344.020004, VAPTANAPPORTOLI	CHANGE OF SERVICE OF S	
	e	Total. Add lines 11a–11d Total revenue. See instructions			. 💆	235 616	A PLANTAGE TO THE PARTY OF THE	0	C THE STATE OF THE
		THE THEORY OF THE MENTERS OF THE STREET	the state of the s			תו חוב בי			

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other o	rganizations must c	omplete column (A)	
•	Check if Schedule O contains a response or note	to any line in this Pa	art IX .	•	
	not include amounts reported on lines 6b, 7b, 9b, 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				
	domestic governments See Part IV, line 21	20,111	20,111		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	1,240	1,240		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	_			
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,			_	
	trustees, and key employees	0		. 0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0		·	
11	Fees for services (non-employees)				
а	Management	0			
þ	Legal	0			
С	Accounting	2,778	2,778		
d	Lobbying	0	<u> </u>		
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column			_	
	(A) amount, list line 11g expenses on Schedule O)	0		0	
12	Advertising and promotion	0	<u> </u>	·	
13	Office expenses	18,366	18,366		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	5,088	5,088		· · · · · · · · · · · · · · · · · · ·
17	Travel	0			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0	44.000		
22	Depreciation, depletion, and amortization	41,998	41,998	0	_0
23 24	Insurance Other expenses, Itemize expenses not severed	6,543	6,543		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If		'		
	line 24e amount exceeds 10% of line 25, column	profes SS of actions of the control	Coch maganiffica (CC) (CC) (CC) (CC) (CC) (CC) (CC) (CC	ang na na garang mananan ang na	ognificanties () (1) (1) (CC COSC)
	(A) amount, list line 24e expenses on Schedule O)				
а	PROGRAM SERVICE EXPENSES	99,179	99,179		
b	REPAIRS AND MAINTENANCE	20,177	20,177		
C	SALES TAX PAID	13,074			
d	TELEPHONE AND UTILITIES	24,217	24,217		
e	All other expenses	24,217	24,217		
25	Total functional expenses. Add lines 1 through 24e	252,771	252,771	0	0
26	Joint costs. Complete this line only if the	202,111	202,111		
~-	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or	note to	o any line in this Part X			
	•		,		(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			97,993	1	99,601
	2	Savings and temporary cash investments			0	2	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated er	mployees			Anniharan Anniha
		Complete Part II of Schedule L			0	5	
	6	Loans and other receivables from other disqualified person	ons (as o	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a					
		sponsoring organizations of section 501(c)(9) voluntary e	mployee	es' beneficiary			No. of the Contract of the Con
ets		organizations (see instructions) Complete Part II of Sche	dule L		0	6	
Assets	7	Notes and loans receivable, net			0	7	0
⋖	8	Inventories for sale or use			9,273	8	10,162
	9	Prepaid expenses and deferred charges			0	9	
	10a	Land, buildings, and equipment cost or	}				
		other basis Complete Part VI of Schedule D	10a	558,463			-
	b	Less accumulated depreciation	10b	77,906	500,209	10c	480,557
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line	11		0	12	0
	13	Investments—program-related See Part IV, line	0	13	0		
	14	Intangible assets	0	14	0		
	15	Other assets See Part IV, line 11			. 0	15	0
	16	Total assets. Add lines 1 through 15 (must equal	al line	34)	607,475	16	590,320
	17	Accounts payable and accrued expenses			0	17	
	18	Grants payable	0	18			
	19	Deferred revenue	0	19			
	20	Tax-exempt bond liabilities			0	20	
	21	Escrow or custodial account liability Complete F			0	21	
es	22	Loans and other payables to current and former					
Ħ		trustees, key employees, highest compensated	•	yees, and			
Liabilities		disqualified persons Complete Part II of Schedu			0	22	
	23	Secured mortgages and notes payable to unrela		· ·	0	23	0
	24	Unsecured notes and loans payable to unrelate		•	0	24	0
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	37-24	4) Complete Part X			
		of Schedule D		-	0	25	0
	26	Total liabilities. Add lines 17 through 25			0	26	0
(0		Organizations that follow SFAS 117 (ASC 958		ck here ► X and			
ë		complete lines 27 through 29, and lines 33 ar	nd 34.				
<u>a</u>	27	Unrestricted net assets			607,475	27	590,320
Ва	28	Temporarily restricted net assets			0	28	
Б	29	Permanently restricted net assets			0	29	
Ī		Organizations that do not follow SFAS 117 (ASC958),	check l	here 🕨 🗌 and			•
or Fund Balances		complete lines 30 through 34.			•		
įįs	30	Capital stock or trust principal, or current funds			0	30	- North-American
Net Assets	31	Paid-in or capital surplus, or land, building, or ed	quipme	ent fund	0	31	
ţ	32	Retained earnings, endowment, accumulated in		7	0	32	
Se	33	Total net assets or fund balances	·		607,475	33	590,320
	34	Total liabilities and net assets/fund balances			607,475	34	590,320

Form	990 (2018) FRATERNAL ORDER OF EAGLES #4256 INC	91-	-179973 <u>0</u>	Pag	_{je} 12
Par	t XI 🧓 Reconciliation 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		235	5,616
2	Total expenses (must equal Part IX, column (A), line 25)	2		252	2,771
3	Revenue less expenses Subtract line 2 from line 1	3		-17	,155
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		607	,47 <u>5</u>
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10		590),320
Part	XII 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 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O		v-0 = 0.00	_	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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		1		
	Separate basis Consolidated basis Both consolidated and separate basis		ļi		
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	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				
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				
	Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		'		
	the Single Audit Act and OMB Circular A-133?		3a		Х
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		3b		

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public **Inspection**

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization 91-1799730 FRATERNAL ORDER OF EAGLES #4256 INC Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type !. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III е functionally integrated, or Type III non-functionally integrated supporting organization 0 Enter the number of supported organizations f Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

0

0

Total

membership fees received (On not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business is regularly carried on O Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	Pa	Support Schedule for Org (Complete only if you check						der
selendar year (or fiscal year beginning in) March Giffs, grants, contributions, and memberatine fines received (Do not include any "ususual grants") To value of services of sciences (provided on the comparation without change of the comparation of the comparation of the comparation without change of the comparation of the comparat			ails to qualify ur	nder the tests li	sted below, ple	ase complete P	art III)	
Giffs, grants, contributions, and membership fees received (10 not include any "unusual grants") 2 Tax revertuels leved for the organization dot the organization dot when the paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and or publicity organization included on the paid to organization included pain or loss from the sale of capital assets (Explain in Part VI) to organization. Ones the box and stop here to organization organization check the box and stop here. The organization qualifies as a publicly supported organization or the organization qualifies as a publicly supported organization. Part VI Not the organization meets the "Tacts and-curumstances" test, check his box and stop here. The organization qualifies as a publicly supported organization. Part VI Not the organization meets the "Tacts and-curumstances" test, check his box and stop here. Explain in Part VI Not the organization meets the "Tacts and-curumstances" test, check his box and stop here. Explain in Part VI Not the organization meets the "Tacts and-curumstances" test, check his box and stop here. Explain in Part VI Not be the organization meets the "Tacts and-curumstances" test, check his box and stop here. Explain in Part VI Not the organization meets the "Tacts and-curums	Sec	tion A. Public Support						
membership fees received (10 not include any "unusual grants") Tax were use leved for the organization's benefit and either paid to or expended on its behalf The value of services or facilities (10 not include any without charge of total contributions by each person (differ than a governmental unit or publicly supported organization without charge of the proton of total contributions by each person (differ than a governmental unit or publicly supported organization unit or publicly supported organization in the third sexceeds 2% of the amount, shown on line 11, column (f) Public support, Setrace line 3 from line 4 Public support, Setrace line 3 from line 4 O (1) Total support setrace line 3 from line 4 O (2) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total support setrace line 3 from line 4 O (1) Total support setrace line 3 from line 4 O (2) 2017 O (3) 2017 O (4) 2017 O (5) 2018 O (6) 2017 O (7) Total support set set set set set set set set set se	ale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
include any "unusual grants") Tax revenues leved for the organization's benefit and either paid to or expended on the behalf or expended or expended on the behalf or expended on the behalf or expende	1							
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II

50/	ction A. Public Support	ally under the t	ests listed beit	w, please con	ipiete Part II)		
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
		(a) 2014	(b) 2013	(6) 2010	(u) 2017	(e) 2016	(I) Iolai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						C
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						,
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
4	unrelated trade or business under section 513 Tax revenues levied for the		·-·				
4							
	organization's benefit and either paid to						
_	or expended on its behalf		····				
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge		o	0		0	
6 7-	Total. Add lines 1 through 5			0	0	0	
/a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
D	Amounts included on lines 2 and 3		1				
	received from other than disqualified		Ì				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year				0		
_	Add lines 7a and 7b	0	0	0	. 0	0	<u></u>
8	Public support (Subtract line 7c from		Í	•			
500	line 6)		I				
	ction B. Total Support	(a) 2014	(b) 2015	(a) 2016	(d) 2017	(a) 2019	/f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016 0	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		<u> </u>	<u> </u>	. 0	U	
ıva	Gross income from interest, dividends,		1				
	payments received on securities loans, rents,		1				
L	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses	i					,
_	acquired after June 30, 1975	0	0	0		0	
-	Add lines 10a and 10b			U	0	<u> </u>	
11	Net income from unrelated business		1				
	activities not included in line 10b, whether						C
42	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI)	+			`		
13	Total support. (Add lines 9, 10c, 11,	o	اه		o	0	_
14	and 12) First five years. If the Form 990 is for the organization.		,	0 es feb toy year		0	
14	organization, check this box and stop here	yanızatıon 5 mst, st	econa, mira, iourni	, or murtax year a	is a section 50 r(c)(.3)	▶ [
<u> </u>		nort Doroonto				········	
	ction C. Computation of Public Sup		.=	•		4r	0.00%
15	Public support percentage for 2018 (line 8, co		•	1))		15	0 00%
16	Public support percentage from 2017 Schedu					16	0 00%
	tion D. Computation of Investmen			aluma (A)		47	0.000
17	Investment income percentage for 2018 (line			oiumn (t))		17	0 00%
18	Investment income percentage from 2017 Sc			1 and line 15 is	oro than 22 4/20/	18	0 00%
198	33 1/3% support tests—2018. If the organize not more than 33 1/3%, check this box and st					and line 17 IS	
ь	33 1/3% support tests—2017. If the organiz		•		_	33 1/3% and	- L
~	line 18 is not more than 33 1/3%, check this b						▶ □
	•	•	-				·

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

91-1799730

Supporting Organizations Part IV

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organization	Section	A. All	Supporting	Organizations
--	---------	--------	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2		
3a		3
A		! !!
3b		
3c		
 4a		
<u>.</u> 4b		<u>.</u>]
·		
4c		
,	•	
5a		ىر
,_ 5b		-
5c		
7	,	_:
8		-
9a		Ì
9b		
9c		
, 10a		1
 10b		

Part	V. Supporting Organizations (continued)			
			Yes	No
11 .	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	<u> </u>	ļ
b	A family member of a person described in (a) above?	11b		
Cooti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		1/	l Ma
1	Did the directors, trustees, or membership of one or more supported organizations have the nevertee		Yes	No
•	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	Ì		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		-
2	Did the organization operate for the benefit of any supported organization other than the supported	· ·		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			····
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	[
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	-		١.
	or management of the supporting organization was vested in the same persons that controlled or managed	<u>-</u>		
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	-		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			i
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s)	2		-
3	By reason of the relationship described in (2), did the organization's supported organizations have a		,-	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		_~-
Section	on E. Type III Functionally Integrated Supporting Organizations		L	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst		<u> </u>	
a	The organization satisfied the Activities Test. Complete line 2 below	ucuon	s <i>)</i>	
_				
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instruc	ctions)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			,
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	*		_
	activities but for the organization's involvement	2b		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			- u
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	_		· ·
instructions. All other Type III non-functionally integrated supporting organ	nization	s must complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
4. Not short torm contain your	71	······································	(optional)
1 Net short-term capital gain	2		
2 Recoveries of prior-year distributions	3		
3 Other gross income (see instructions)	4		
4 Add lines 1 through 3	5	0	<u> </u>
5 Depreciation and depletion	3		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
 Aggregate fair market value of all non-exempt-use assets (see 		k	ı i
instructions for short tax year or assets held for part of year)			<u> </u>
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ly integ	rated Type III supporting of	organization (see
instructions)	J		•

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	zations (continued)	·
Section	on D - Distributions	. 4		Current Year
.1	Amounts paid to supported organizations to accomplish exe	mpt purposes	e **	
2	Amounts paid to perform activity that directly furthers exempt	•	1	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets	1		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6	1		0
8	Distributions to attentive supported organizations to which the	ne organization is respoi	nsive	,
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6	<u> </u>		, 0
10	Line 8 amount divided by line 9 amount		+ L	0 000
	•	ći) ·	(ii)	. (iii)
S	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		, 2003-22-25-25-12-12-12-13-25-25-25-25-25-25-25-25-25-25-25-25-25-	Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			U menter secretaren verte verte (v. e. e. e.
2	Underdistributions, if any, for years prior to 2018		•	
	(reasonable cause required—explain in Part VI) See		. 10	
	Instructions	alianing managaman na katawa ya katawa y	iyoon ke yiing (hindakaabababababababababababababababababab	Bidding in the first of the state of the sta
3 '			Elekson and the second	
a L	From 2013 0			
<u> </u>	From 2014 0			dundandirikari Ivi Calumiyandaki Calificiali Gulikarinka diki direbi
C Target	From 2015 0			
<u>d</u>	From 2016 0 From 2017 0			
e f	Total of lines 3a through e	C C C C C C C C C C C C C C C C C C C		SINGLE CONTROL OF THE
	Applied to underdistributions of prior years	PARTICIPATION AND THE PARTY OF	W. 227 S. W. S. C. W. S. S. W. S.	
<u>g</u>	Applied to 2018 distributable amount	BALLANDER STATES		1, 0
	Carryover from 2013 not applied (see instructions)	ME COSE BE AND LONG TO LONG TO SERVE LA	ZONER CONTRACTOR	TEST NOW THAT THE WARREN
——- i	Remainder Subtract lines 3g, 3h, and 3i from 3f	, 0		TAN AND THE SECOND
4	Distributions for 2018 from			15 to 7 To 7 To may 5 to 7 To 15 to
• .	Section D, line 7. \$ 0		and the second s	
а	Applied to underdistributions of prior years		. 0	では、自然のは、
b	Applied to 2018 distributable amount	的数据的进行型外 线的。	30 海線線線線線	` . 0
С	Remainder Subtract lines 4a and 4b from 4	0	中国的"中国"的"中国"的"中国"的"中国"的"中国"的"中国"的"中国"的"中	的平台的學術學學學
5	Remaining underdistributions for years prior to 2018, if	MANAGE ET	, ,	总的管理 产的企业。
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions		0	MARKET STATE
6	Remaining underdistributions for 2018 Subtract lines 3h			, ,
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			0
7	Excess distributions carryover to 2019. Add lines 3j	,		
	and 4c	O DOMINIO LONGO MANORAL MANORAL DEL MANORA DEL MANORAL DEL MANORA DELA MANORA DEL MANORA DEL MANORA DEL MANORA DEL MANORA DEL MANORA D	No. of the second of the secon	Train an again that an area a same and a same an
8.	Breakdown of linc 7			
a	Excess from 2014 0			
<u>b</u>	Excess from 2015 0		TO SALE OF LOOK OF THE PARTY OF	STORY AND STATE OF STREET
<u> </u>	Excess from 2016 0			
<u>d</u>	Excess from 2017 0			AND THE PARTY OF T
·е	Excess from 2018 0	ALCOHOLOGICAL PROPERTY OF THE	STATE OF THE STATE	1920年,1921年1922年,1921年,1921年,1921年

Schedule A (F	orm 990 or 990-EZ) 2018 FRATERNAL ORDER OF EAGLES #4256 INC	91-1799730	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line		
	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, F		
	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section		
•	3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and		
	lines 2, 5, and 6 Also complete this part for any additional information (See instructions)		
	moo 2, 6, and 6 7 to 6 complete time part for any additional minormation (6 complete contents)		
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-			
		••••	

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. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	Name (of the organization		Employ	er identification number
Complete if the organization answered "Yes" on Form 990, Part IV, line 6 Total number at end of year (e) Done advised funds (e) Dene advise	FRAT	ERNAL ORDER OF EAGLES #4256 INC			91-1799730
Complete if the organization answered "Yes" on Form 990, Part IV, line 6 Total number at end of year (e) Done advised funds (e) Dene advise			Advised Funds or Other S	Similar Funds or	Accounts.
Total number at end of year Aggregate value of contributions to (during year)					
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of entributions to (during year) 4 Aggregate value of entributions to (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization from all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisors, or for any other purpose conferring impermissable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable purposes. Complete file or organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of part has a feet and the preservation of a certified historic structure included in (a) Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation assements 1 Total number of conservation deasements on a certified historic structure included in (a) Complete in the organization have a written policy regarding t				1	(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisord [unds are the organization inform all donors and donor advisors in writing that the assets held in donor advisord [unds are the organization inform all grantless, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Park II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply)	1	Total number at end of year		_	
3 Aggregate value of grains from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's evolusive legal control? Yes No Did the organization inform all graintees, donors, and donor advisors in writing that grain funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit?		·			
A Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Perpose's of conservation assements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of natural habitat Preservation of natural habitat Preservation of natural habitat Preservation of natural habitat Preservation of on a pace Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement in the last day of the tax year Total number of conservation easements Total number of conservation easements Number of conservation easements included in (c) acquired after 772506, and not on a historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ No distance of organization than the National Register No will be organization the National Register No will be organization assembly subject to conservation easement is located ▶ No distance of organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in the tax year ▶ No distance of organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement and balance sheet and include if applicable, the text of the foction to the organizations financial statements and bal					
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 7 Demoservation Easements. 8 Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply) 9 Preservation of land for public use (e.g., recreation or education) 9 Preservation of a land for public use (e.g., recreation or education) 9 Preservation of a settle habitat 1 Preservation of open space 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement in the last day of the tax year 2 Total number of conservation easements in easements 3 Total number of conservation easements on a certified historic structure included in (a) 4 Number of conservation easements an a certified historic structure included in (a) 5 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year property subject to conservation easements in loads? 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year property subject to conservation easements in t					
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Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 1	0	Starr and volunteer nours devoted to monitoring, in	specting, nandling of violations, a	na enforcing conserv	ation easements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 1	-				
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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 					▶ \$
a Revenue included on Form 990, Part VIII, line 1	2	If the organization received or held works of air	t, historical treasures, or other	sımılar assets for fı	nancial gain, provide the
***************************************		following amounts required to be reported und	er SFAS 116 (ASC 958) relatın	g to these items	
***************************************	а	Revenue included on Form 990, Part VIII, line	1		> \$
	b				<u> </u>

е

Other

Par	III. Organizations Maintaining Colle	ctions of Ai	rt, Histo	ricai ire	asures, or	Otner S	Similar Asset	ts (conti	nuea)	
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other	records,	check any	of the follow	ing that a	are a significan	t use of it	S	
а.	Public exhibition		d [l Loan or	exchange pr	ograms				
b	Scholarly research		e	Other		-				
-			e	j Çirler						
C	Preservation for future generations	-114		a4h.a&			-1	D.		
4	Provide a description of the organization's c XIII	ollections and	explain n	ow they fu	unner the org	anization	rs exempt purp	ose in Pa	JTE	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								es 🗌	No
			eu as pai		9411124110113	Ollection	•	'' لـــا	<u>,, , , , , , , , , , , , , , , , , , ,</u>	140
Peli	Escrow and Custodial Arrangem Complete if the organization answer		n Form (OON Dart	1\/ line 0 c	or report	ted an amour	nt on For	m	
	990, Part X, line 21	ereu res o	II I OIIII s	JJU, Fait	. IV, IIIIC 3, C	л тероп	led all alliour	it on i oi	111	
	Is the organization an agent, trustee, custod	lian or other in	termediai	ry for conti	ributions or o	ther ass	ets not			
· u	included on Form 990, Part X?		itermedia	y 101 00110		trici assi	515 1161	TT Y	es 🗀	No
b	If "Yes," explain the arrangement in Part XIII	and complete	e the follo	wing table	!			Ш.		,
		·		Ū				Amount		•
С	Beginning balance					1c				0
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				0
2a	Did the organization include an amount on F	orm 990, Par	t X, line 2	1, for escr	ow or custod	ial accou	ant liability?	Y	es 🛛	No
b	If "Yes," explain the arrangement in Part XIII	Check here	if the expl	anation ha	as been provi	ded on f	Part XIII			
Part	V Endowment Funds.									
	Complete if the organization answer	ered "Yes" o	n Form 9	990. Part	IV. line 10					
		Current year		or year	(c) Two years	back	(d) Three years bac	k (e) Fo	our years	back
1a	Beginning of year balance	0		0						
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
f	Administrative expenses				<u> </u>					
g	End of year balance Provide the estimated percentage of the cur	0	halanaa (0	duma (a)) ba	0		0		0
2	Board designated or quasi-endowment	Tent year end	%	illie ig, cc	numm (a)) ne	iu as				
a b	Permanent endowment	%								
c	Temporarily restricted endowment	<u>~</u>								
_	The percentages on lines 2a, 2b, and 2c sho		0%							
3a	Are there endowment funds not in the posse	•		on that are	held and ad	ministere	ed for the			
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
þ	If "Yes" on line 3a(ii), are the related organiz		-					3b		L
4	Describe in Part XIII the intended uses of the		's endowi	ment fund	s					
Part	VI Land, Buildings, and Equipment Complete if the organization answer		n Form 9	990. Part	IV, line 11a	See F	orm 990. Par	t X. line	10	
	Description of property	(a) Cost or ot			or other basis	r	Accumulated		ook valu	<u> </u>
		(investm	ent)	(0	other)	de	preciation			
1a	Land		0		40,000					0,000
b	Buildings		0	ļ	425,187		20,828		_	4,359
С	Leasehold improvements		0		27,320		17,883			9,437
d	Equipment	L	0	l	62,856		37,563		2	5,293

0

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

3,100

1,468

480,557

1,632

 \blacktriangleright

Part VII	Investments—Other Securities.			
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11b See Form 9	990, Part X, line 12
·	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v. Cost or end-of-year	
	al derivatives .	0		
	held equity interests	0		
(A)				
	······			
(E)		<u></u> -		
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col (B) line 12)	0	:	•
Part VIII	Investments—Program Related.			
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11c See Form 9	990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)		·····		
_\				
(6)				
(6) (7)				
(6) (7) (8)				
(6) (7) (8) (9) Lotal. (Colum	on (b) must equal Form 990 Part X col (B) line 13)	U	Sunger District Control of Contro	y page 11/y mr. y
(6) (7) (8) (9)	Other Assets. Complete if the organization answere			
(6) (7) (8) (9) lotal. (Colum Part IX	Other Assets. Complete if the organization answere	ed "Yes" on Form 990,		990, Part X, line 15
(6) (7) (8) (9) lotal. (Colum Part IX	Other Assets. Complete if the organization answere	ed "Yes" on Form 990,		990, Part X, line 15
(6) (7) (8) (9) lotal. (Colum Part IX (1) (2) (3)	Other Assets. Complete if the organization answere	ed "Yes" on Form 990,		990, Part X, line 15
(6) (7) (8) (9) lotal. (Colum Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answere	ed "Yes" on Form 990,		990, Part X, line 15
(6) (7) (8) (9) Iotal. (Colun Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answere	ed "Yes" on Form 990,		990, Part X, line 15
(6) (7) (8) (9) Iotal. (Colum Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere	ed "Yes" on Form 990,		990, Part X, line 15
(6) (7) (8) (9) lotal. (Colum Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere	ed "Yes" on Form 990,		990, Part X, line 15
(6) (7) (8) (9) I otal. (Colum Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11d See Form 9	990, Part X, line 15
(6) (7) (8) (9) lotal. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) De (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization answere	ed "Yes" on Form 990, escription	Part IV, line 11d See Form 9	990, Part X, line 15 (b) Book value
(6) (7) (8) (9) Iotal. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X	Other Assets. Complete if the organization answere (a) De (b) must equal Form 990, Part X, col (B) lin Other Liabilities.	ed "Yes" on Form 990, escription	Part IV, line 11d See Form 9	990, Part X, line 15 (b) Book value
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(6) (7) (8) (9) Iotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere (a) De mn (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	ed "Yes" on Form 990, escription ee 15) ed "Yes" on Form 990, (b) Book value	Part IV, line 11d See Form 9	990, Part X, line 15 (b) Book value
(6) (7) (8) (9) Iotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere (a) De mn (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	ed "Yes" on Form 990, escription ee 15) ed "Yes" on Form 990, (b) Book value	Part IV, line 11d See Form 9	990, Part X, line 15 (b) Book value
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(6) (7) (8) (9) lotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) De mn (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	ed "Yes" on Form 990, escription ee 15) ed "Yes" on Form 990, (b) Book value	Part IV, line 11d See Form 9	Form 990, Part X,

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Sched	ule D (Form 990) 2018 FRATERNAL ORDER OF FAGLES #4256 INC		04 4700700	. 1
	110 (12) (10) (2) (10) (10) (10)	- With David	91-1799730	Page 4
FEL	Reconciliation of Revenue per Audited Financial Statement		e per Return.	
4	Complete if the organization answered "Yes" on Form 990, Part	iv, iine iza		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ا ما		
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		0
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	1 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		0
_ C	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	0
Par	Reconciliation of Expenses per Audited Financial Statemer	•	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a		
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	1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	1 1	3	0
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)	4b		
С	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	0
Par	XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b an	d 2b, Part V, line 4, Part	X, line
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pr	ovide any additiona	al information	
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	e D (Form 990) 2018	FRATERNAL ORDER	OF EAGLES #4256 INC		91-1799730	Page 5
Part,	XIII Suppleme	ental Information (co	ntınued)			
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SCHEDULE G (Form-990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ ▶ Go to www irs.gov/Form990 for instructions and the latest information OMB No 1545-0047

Employer identification number Name of the organization FRATERNAL ORDER OF EAGLES #4256 INC 91-1799730 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 Solicitation of non-government grants Mail solicitations а Solicitation of government grants b Internet and email solicitations Special fundraising events Phone solicitations C In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes X No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) fundraiser listed in or entity (fundraiser) from activity contributions? organization col (i) Yes No 1 0 0 0 0 0 0 0 0 0 0 0 5 0 0 6 0 0 0 0 0 0 0 0 0 0 0 0 10 0 0 0 Total 0 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

Fundraising Events, Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col (a) through col (c)) QUEEN OF HEARTS **PULL TABS** NONE (total number) (event type) (event type) Revenue 7,352 0 20,777 Gross receipts 13,425 0 Less Contributions Gross income (line 1 minus 7,352 20.777 13,425 line 2) 0 10,680 Cash prizes 10.680 0 Noncash prizes **Direct Expenses** 0 0 Rent/facility costs 0 Food and beverages 0 Entertainment 1,398 0 1,398 Other direct expenses 12,078) Direct expense summary Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) 8,699 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo col (a) through col (c)) bingo/progressive bingo Gross revenue Direct Expenses Cash prizes 2 0 Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes % % No No 6 Volunteer labor No 0) Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? _____ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes If "Yes," explain

Schedu	ile G (Form 990 or 990-EZ) 2018 FRATERNAL ORDER OF EAGLES #4256 INC	91-1799730 Page 3			
11	Does the organization conduct gaming activities with nonmembers?	Yes No			
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No			
13	Indicate the percentage of gaming activity conducted in				
a	The organization's facility	13a %			
b	An outside facility	13b %			
14	Enter the name and address of the person who prepares the organization's gaming/special events books ar records	10			
	Name ▶				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No			
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ 0 and the	res NO			
	amount of gaming revenue retained by the third party > \$ 0				
С					
	Name ▶				
	Address ▶				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ► \$0				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?	Yes No			
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$	0			
Part		s (III) and (v), and			
	·····				

SCHEDULE (Form 990)

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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OMB No 1545-0047

Department of the Treasury		▼ Gofo	Go to www irs gov/Form990 for the latest information	offill 990. for the latest informati	5		Open to rubing Inspection
Name of the organization						Employer identification number	cation number
FRATERNAL ORDER OF EAGLES #4256 INC	3 #4256 INC					91	91-1799730
Part General Information on Grants and Assistance	on on Grants	and Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to su	bstantiate the amou	int of the grants or assi	istance, the grantees' of	eligibility for the grants o	r assistance, and	
the selection criteria used to award the grants or assistance? 2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	award the grant	s or assistance?		States Justine States	٠		X Yes No
Ĭ	Assistance to	Domestic Orda	nizations and Dom	estic Government	anizations and Domestic Governments. Complete if the organization answered "Yes" on Form	anization answere	1 "Yes" on Form
1	for any recip	ent that received	more than \$5,000	Part II can be duplic	Part II can be duplicated if additional space is needed	ce is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) K 9S FOR VETERANS 4767SESALVATORE RD STUART, FL	27-2257318		10,517				
(2)							•
(3)							
(4)						•	*
(5)							
(9)							
(<i>u</i>)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organ	n 501(c)(3) and g	jovernment organiza	izations listed in the line 1 table	1 table			
3 Enter total number of other organizations listed in the line 1 table	organizations list	ed in the line 1 table				•	-

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

FRATERNAL ORDER OF EAGLES #4256 INC

Schedule I (Form 990) (2018)

Page 2 (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Part III

SCHEDULE O (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.

▶ Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 91-1799730 FRATERNAL ORDER OF EAGLES #4256 INC Form 990, Part III, Line 4A PROGRAM SERVICE ACCOMPLISHMENT AS DESCRIBED IN THIS SECTION

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
FRATERNAL ORDER OF EAGLES #4256 INC	91-1799730
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