

Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

2018

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

► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.Open to Public
Inspection

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A For the 2018 calendar year, or tax year beginning		June 1	, 2018, and ending		May 31	20 19
<input checked="" type="checkbox"/> Check if applicable	C Name of organization <input type="checkbox"/>	Fraternal Order of Eagles			D Employer identification number <input type="checkbox"/>	93-0926922
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address) <input type="checkbox"/>	Room/suite		E Telephone number		
<input type="checkbox"/> Name change	PO Box 963					
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code	08		F Group Exemption Number ► <input type="checkbox"/> 0102		
<input type="checkbox"/> Final return/terminated	Lincoln City, OR 97367-0963					
<input type="checkbox"/> Amended return						
<input type="checkbox"/> Application pending						
G Accounting Method	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►			H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B <input type="checkbox"/> (Form 990, 990-EZ, or 990-PF).		
I Website: ►						
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) (8) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other						
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 0						
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) <input type="checkbox"/>						
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>						
Revenue	1 Contributions, gifts, grants, and similar amounts received			1	0	
	2 Program service revenue including government fees and contracts			2		
	3 Membership dues and assessments			3	0	
	4 Investment income			4	15	
	5a Gross amount from sale of assets other than inventory	5a	0			
	b Less: cost or other basis and sales expenses	5b				
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	0	
	6 Gaming and fundraising events:					
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a				
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0				
c Less: direct expenses from gaming and fundraising events	6c					
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	0		
7a Gross sales of inventory, less returns and allowances	7a	0				
b Less: cost of goods sold	7b	0				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0		
8 Other revenue (describe in Schedule O)			8	0		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	0		
Expenses	10 Grants and similar amounts paid (list in Schedule O)			10	0	
	11 Benefits paid to or for members			11	0	
	12 Salaries, other compensation, and employee benefits <input type="checkbox"/>			12		
	13 Professional fees and other payments to independent contractors <input type="checkbox"/>	MAY 11 2020		13	0	
	14 Occupancy, rent, utilities, and maintenance			14	0	
	15 Printing, publications, postage, and shipping			15	0	
	16 Other expenses (describe in Schedule O) <input type="checkbox"/>			16	0	
	17 Total expenses. Add lines 10 through 16			17	0	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	0	
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	0	
	20 Other changes in net assets or fund balances (explain in Schedule O)			20	-553	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20			21	0	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2018)

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	0	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	0	24
25	Total assets	0	25
26	Total liabilities (describe in Schedule O)	199	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	312 X 0

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Support charities and those in need

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

Expenses

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

28	Christmas basket project - Fundraising to provide food, toiletries, clothing, and toys to needy families and individuals in and around Lincoln City, Oregon, at Christmas time. Volunteer time is utilized to collect donations of food stuffs and cash, wrap presents, and assemble and deliver the "baskets" to 250 families.	<input checked="" type="checkbox"/>	28a
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
29	Scholarships - Fundraising to provide \$1,000 or \$500 towards higher education and/or career training of Lincoln City, Oregon, high school graduates. Three students received scholarship grants.		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30	FFA - Fundraising to provide an intracurricular experience for students who aspire to careers as farmers, teachers, doctors, scientists, business owners, and more. The organization promote student achievement in prior leadership, personal growth and career success through agricultural education.		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		32

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Dave Randleman				
Worthy President	8			
Don Elmore				
Worthy Vice President	4			
Bill Pearse				
Worthy Chaplain	4			
Greg O Jones				
Worthy Secretary	16			
Mike Sprague				
Worthy Conductor	2			
Verline Roderick				
Worthy Inside Guard	2			
Steve Randleman				
Trustee	15			
Verline Roderick				
Trustee	15			
Mike Holder				
Trustee	15			
Brook Barr				
Trustee	15			

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<input type="checkbox"/>
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<input type="checkbox"/>
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<input type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	0
b Did the organization file Form 1120-POL for this year?	37b	<input type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	39a	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9	39b	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities		<input type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► ; section 4912 ► ; section 4955 ►		<input type="checkbox"/>
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<input type="checkbox"/>
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		<input type="checkbox"/>
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input type="checkbox"/>
41 List the states with which a copy of this return is filed		<input type="checkbox"/>
42a The organization's books are in care of ► Greg O Jones	Telephone no. ►	
Located at ► PO Box 963, Lincoln City, OR	ZIP + 4 ►	97367-0963
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ►	42b	<input type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<input type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►	42c	<input type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	<input type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	<input type="checkbox"/>

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

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

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

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

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

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

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

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

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

Sign Here	 Signature of officer	 Date
<input checked="" type="checkbox"/>	Greg O Jones, Worthy Secretary Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

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Name of the organization

Fraternal Order of Eagles

Employer identification number

93-0926922**1. Description of other revenue (Part I, line 8)**

Description	Amount
Grease Recycling	4
ATM Commissions	176
RV Parking Fees	460
Commissions from Oregon Lottery	6,229

2. List of grants and similar amounts paid (Part I, line 10)

Description	Amount
Christmas basket program	8,932
FFA	243
Scholarship awards	3,000
State Madam President's project	200
State Worthy President's project	220

3. Description of other expenses (Part I, line 16)

Description	Amount
Bank service charges	157
Business license	125
Dues and per capita charges	3,382
Insurance	5,712
Office expenses	1,117
Oregon Lottery expenses	3,066
Other Licenses and permits	238
Uncollected NSF checks	60

Name of the organization

Employer identification number

4. Explanation of other changes in net assets or fund balances (Part I, line 20)

A photocopier originally purchased for \$553 was disposed with no profit or expense. Thus, net assets was reduced by \$553.

5. Description of other assets (Part II, line 24)

Category	Beginning of year	End of year
Equipment	46,566	46,865
Furniture	12,346	12,346

6. Description of total liabilities (Part II, line 26)

Category	Beginning of year	End of year
Accounts Payable	199	312

7. Description of other program services (Part III, line 31)

State Madam President's project - Sponsor food and nutrition program at Oregon Health Sciences University

State Worthy President's project - Sponsor Court Appointed Special Advocates programs.