_		190	Return of Org	anization Exer	npt Fro	om Incon	ne Tax	OMB No 1545-0047
Forr (Rev		ry 2020)	Under section 501(c), 537, or 4		•			^{nys)} 2019
		of the Treasury	▶ Do not enter social	security numbers on this	s form as it i	may be made p	ublic.	Open to Public
	nal Rev	enue Service		ov/Form990 for instruction				Inspection
<u>A</u>	For	the 2019 calen	dar year, or tax year beginning 06	/01/2019 an	d ending 05	5/31/202		
В	Chec	k if applicable		nal Order of th	e Eagle:	s Aerie 2		oyer identification number
Ш	Addre	ess change	Doing business as					593226
	Name	e change	Number and street (or P O box if ma		ldress) I	Room/suite	1 '	hone number
Ш	Initial	return	210 W Third Stree				(307) 682-3143
\sqsubseteq	Final re	etum/terminated	City or town, state or province, coun		ode			
Ц			Gillette, WY 8271			· · · · · · · · · · · · · · · · · · ·		receipts \$ 1,334,198.
Ш	Applica	ation pending	F Name and address of principal office				., .	return for subordinates? Yes No
_			210 W Thrid Stree			75	' '	rdinates included? Yes No
_		empt status	501(c)(3) X 501(c)(8) 	7(a)(1) or	527		ch a list (see instructions)
_	Vebsit				\ 		H(c) Group exem	·
_		of organization		ociation X Other ▶ _{Affilia}	tı L Year	r of formation 1	978 M	State of legal domicile W
F	art I			<u> </u>	1			
		•	ribe the organization's mission or mo					
١ ٢			<u>ership organizati</u>		itsp	proceeds	to pro	mote and
Activities & Governance	١,		oox ► I if the organization discont			4ban 250/ -4.4-		
ove.	I -	Number of w	oting mambara of the gaverning had	(Dod VI Jan 1a)			1 1	1 1
~ Ď	3	Number of it	ndependent voting members of the ger of individuals employed in calenda er of individuals employed in calenda er of volunteers (estimate if necessar	y (Part VI, line Ta) ovorsing body (Port VI, line	\1b\ .s.i	CORRES	3 4	
28	5	Total numbe	er of individuals employed in calendar	overning body (Fait Vi, line typer 2010 (Part V linをを	ENEDIN	C - 27	5	10
Š	٦	Total numbe	er of volunteers (estimate if necessar	v)	1RS - 03	,0	6	10
C.	72		ted business revenue from Part VIII,		MAR 2	3 5051	7a	0.
	1		d business taxable income from Fori	• • • • • • • • • • • • • • • • • • • •			7h	0.
MAR	 	1101 011101010	a sacrification to the sacrification of the sacrifi	11 000 1, 1110 00	2051	UTAH Prior	Year	Current Year
	8	Contributions	s and grants (Part VIII, line 1h)		OGDE	7.1101	11,929.	9,544.
SCANNED Revenue	9		vice revenue (Part VIII, line 2g)					
3 =	10	Investment in	ncome (Part VIII, column (A), lines 3	, 4, and 7d)				
4 8	11	Other revenu	ue (Part VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e)		20	69,793.	207,852.
Q	12	Total revenue	e – add lines 8 through 11 (must eq	uai Part VIII, column (A), lin	ne 12)	28	31,722.	217,396.
CF.	13		similar amounts paid (Part IX, colum				65,157.	23,672.
	14	Benefits paid	d to or for members (Part IX, column	(A), line 4)			6,261.	4,334.
۱ "	15	Salaries, other	er compensation, employee benefits	(Part IX, column (A), lines	5-10)		10,762.	106,066.
Expenses	16a	Professional	fundraising fees (Part IX, column (A	A), line 11e)				
Pe r	b	Total fundra	ising expenses (Part IX, column (D),	line 25) ▶				
ŭ	17	Other expens	ses (Part IX, column (A), lines 11a-1	1d, 11f-24e)	•	1	73,325.	74,151.
	18	Total expens	ses Add lines 13-17 (must equal Pa	t IX, column (A) Jine 25)		25	55,505.	208,223.
	19	Revenue less	s expenses Subtract line 18 from lin	e 12			26,217.	9,173.
ces Ces				APR 27 2	021	Beginning of (End of Year
sets	20	Total assets	(Part X, line 16)	/"" "	J.	40	09,601.	417,644.
Net Assets or Fund Balances	21	Total liabilitie	es (Part X, line 26)	בי בי בי בי	TV PERT		2,219.	1,089.
		Net assets of	or fund balances Subtract line 21 fro	m line 20 / Li	14.11	40	07,382.	<u>416,555.</u>
	art II	Signatu	IIE DIOCK					
		_	ry, I declare that I have examined this re-					knowledge and belief, it is
true	e, corr	ect, and comple	ete Declaration of preparer (other than o	officer) is based on all informa	ition of which p	oreparer has any k		2 4 4 4 1
e:		Signature	e of officer	\overline{a}			Date 5	3-2021
	gn	•		(/a · /)	11-11	_	Date	
П	ere		d Vetter, Secreta	IY A Good	Velles	e		
_			VType preparer's name	Preparer's signature		Date		TY IF PTIN
	id		., , ,	Crystal R.	Ninna	6/26	Check	[A] "
	•	I	tal R Ninas ame ▶9S CONSULTING		· www			P01067642
US	se O	IIIY LITTUS III	THE PURCHTING				Trinin S EIN 💌	32-2365609

For Paperwork Reduction Act Notice, see the separate instructions.

GILLETTE, WY 82718-8875

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

1 COLD SPRINGS CT



Phone no

(307) 689-1704

Yes X No

			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		X
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			l
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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	<u> </u>	1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	١_		
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
o	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		x
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,"	<u> </u>	 	 -
	complete Schedule D, Part III	8		x
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 donor-restricted endowments			
	or in 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,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	44.4		
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	X	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ļ.··-		-
	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		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	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 on			72
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		X
	If "Yes," complete Schedule G, Part III	19	x	!
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	A	X
b	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		-+	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

	990 (2019) Fraternal Order of the Eagles Aerie 2711 23	<u>-75932</u>	26 F	age
гаі	The Checkinst of Required Schedules (continued)			
		·	Yes	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator	or		
	founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity			
	(including an employee thereof) 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,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?			X
	If "Yes," complete Schedule L, Part IV	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
	If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	_35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes,", complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			l

19? Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

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

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

Did the organization comply with backup withholding rules for reportable payments to vendors and reporatble gaming (gambling) winnings to prize winners? C

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

Form **990** (2019)

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Part VI

Pε	art \	Statements Regarding Other IRS Filings and Tax Compliance (continued)	•	د	
				Yes	No
2	а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
		Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			
	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	а	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 on Schedule O	3b		
4	а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
		over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		account)?	4a		X
	b	If "Yes," enter the name of the foreign country			
		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			<u> </u>
5	а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6	а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
		organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
		If "Yes," did the organization include with every solicitation an express statement that such contributions or			
		gifts were not tax deductible?	6b		
7		Organizations that may receive deductible contributions under section 170(c).			
		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
		and services provided to the payor?	7a		
		If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		j	
		required to file Form 8282?	7c		
		If "Yes," indicate the number of Forms 8282 filed during the year			
		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
0		Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9		sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
		Did the sponsoring organization make any taxable distributions under section 4966?	-	 -	
		Did the sponsoring organization make any taxable distributions under section 4900? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
10		Section 501(c)(7) organizations. Enter	9b	+	<u>-</u>
		Initiation fees and capital contributions included on Part VIII, line 12			j
		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11		Section 501(c)(12) organizations. Enter			
		Gross income from members or shareholders			
	_	Gross income from other sources (Do not net amounts due or paid to other sources	ł		ŀ
		against amounts due or received from them)		ŀ	
12		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	—-	
		If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13		Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
		Is the organization licensed to issue qualified health plans in more than one state?	13a		
		Note: See the instructions for additional information the organization must report on Schedule O			i
	b	Enter the amount of reserves the organization is required to maintain by the states in which			1
		the organization is licensed to issue qualified health plans			
		Enter the amount of reserves on hand			- 1
14		Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u></u>
		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		X
		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		
		If "Yes," complete Form 4720, Schedule O			<u> </u>

Form 990 (2019) Fraternal Order of the Eagles Aerie 2711 23-7593226 Page 6 Part,VI 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 on Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 1 a 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 if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O 11 b Enter the number of voting members included on line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a 10 a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

	Sect	ion	C.	Disc	los	ure
--	------	-----	----	------	-----	-----

17	List the states with which a copy of this Form 990 is required to be filed ▶
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only)
	available for public inspection. Indicate how you made these available. Check all that apply
	Own website Another's website Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

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 books and records > (307) 689-1704 20

9S Consulting LLC 1 Cold Springs Ct Gillette, WY 82718

X

X

X

16a

16b

orm 990 (2019)	Fraternal	Order	Ωf	the	Eagles	Aerie	2711	

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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. See instructions for the order in which to list the persons above

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
		(C)								
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average	(đo n	ot ch	eck	more	than c	ne	Reportable	Reportable	Estimated
	hours per		oox, unless person is both an					compensation	compensation from	amount of
	week (list any hours for	I onice	er and	d a d	irect	or/trust	ee)	from the	related organizations	other compensation
	related	or Ind	or o		Σe.	매분		organization	(W-2/1099-MISC)	from the
	organizations	dire	titut	Officer	yen	plo	Former	(W-2/1099-MISC)	(***=**********************************	organization
	below dotted	함	lona		Key employee	e c		,,		and related
	line)	Individual trustee or director	Institutional trustee		yee	풽		į		organizations
		6	stee			Highest compensated employee				
				ĺ		e d				
(1) LUCAS MITCHELL	01.00			<u> </u>	-					
TRUSTEE	01.00	x								
(2) JEFF SKALSKY	00.50									
TRUSTEE	00.50	x								
(3) JOHN WAYNE	00.50									
TRUSTEE	00.50	x								
(4) BRUCE RAMSAY	00.50									
TRUSTEE	00.00	х								
(5) CHRIS HOGAN	00.50									
TRUSTEE		х								
(6) PATRICK CAMBELL	00.50									
TRUSTEE		X								
(7) EVAN RAMSAY	00.50									
TRUSTEE		X			L					
(8) COREY BAKER	01.00									
PRESIDENT	01.00			X						
(9) JOHN ROBINSON	00.50									
VICE PRESIDENT			Щ	X						
(10) DEWAYNE LIEN	01.00									
TREASURER				X					,	
	20.00									
SECRETARY				X				19,900.		
(12) JEFF R SKALSKY	00.50									
PAST PRESIDENT				X						
(13)									-	
40		-	\vdash				\sqcup			
(14)	<u> </u>									
	L			l	l					

Part VI Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	yee	s, a	nd H	igh	est Compensa	ated Employee	es (co	ntinuea)	
				(0	>)			-					
(A)	(B)	l		Pos				(D)	(E)			F)	
Name and title	Average hours per	l '				than o		Reportable compensation	Reportable compensation from				
	week (list any	d i		-		is both or/trust		from	related	other			
	hours for		_	т.				the	organizations	· '			'n
	related organizations	Individual or director	stitu	Officer	ey er	Highest co employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)			m the nization	า
	below dotted	Individual trusi or director	Institutional		Key employ	st co	ੈ	(** 2 1003 111100)			and	related	l
	line)	rust	l trust		yee	mpe					organ	ızatıon	S
		tee	stee			compensated e							
(45)					-	8	_			-			
(15)]		l									
(16)	· · ·											_	
(17)	-	ļ		\vdash	_		_	<u></u>		+			
(17)													
(18)								-		†		_	
(40)				_	<u> </u>					_			
(19)		İ		:									
(20)										- 1			
(21)	 			-				<u> </u>		-			
(22)	-												
(23)										+-			
(24)			<u> </u>	-	_		_			+		_	
(2-7)													
(25)									<u> </u>				
1b Subtotal	<u> </u>			<u>L, </u>	l			19,900.		+			
c Total from continuation sheets to Pa	art VII, Sec	tion A	4				\blacktriangleright						
d Total (add lines 1b and 1c)								19,900.					
2 Total number of individuals (including t			tho	se	ıste	d abo	ove)	who received	more than \$10	0,000	O of		
reportable compensation from the orga	·											Yes	No
3 Did the organization list any former office	er, director	, trust	tee,	key	em	ploye	ee, o	or highest com	pensated			163	1.0
employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ividi	ual		_			3		X
4 For any individual listed on line 1a, is the										he			
organization and related organizations gr	reater than	\$150	,000)? II	* "Ye	es," c	omp	olete Schedule	J for such		4		
individual5 Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m an	v ur	related organi	zation or indivi	dual	-		X
for services rendered to the organization		•						-			5		X
Section B. Independent Contractors													
Complete this table for your five highest compensation from the organization Rep tax year	compensat port compe	ed ind nsatio	depe on f	end or th	ent ne c	contra	acto lar y	rs that receive rear ending wit	d more than \$7 th or within the	100,0 orga	00 of nızatı	on's	
(A) Name and business address		_						(B) Description of	services	C	(C omper		
TOTAL AND PARTIES AVAIGOS									3.1.550		Jpoi		_
					_		_						
							-						
2 Total number of independent contractors	(ıncludına	but n	ot lı	mite	ed to	o thos	se li	sted above) wi	no –			_	
received more than \$100,000 of compen								•					

		Check if Schedule O contain	ins a response o	r note	to any line in this	Part VIII			
						(A)	(B)	(C)	(D)
1						Total revenue	Related or exempt function revenue	Unrelated business	Revenue excluded from tax under
		•					Markator revenue	revenue	sections 512-514
ts st	1a	Federated campaigns		1a					
rar	b	Membership dues		1b	8,861.]			
ğ, ğ	c Fundraising events 1c		1c		1				
ar /		Related organizations		1d		1			
S, G	Į.	Government grants (contribu	utions)	1e		1			
io S	1	All other contributions, gifts,				1			
but		and similar amounts not incl		1f	683.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ	ded in lines 1a-1f	1g \$					i
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f	•		•	9,544.			
			_		Business Code				
Program Service Revenue	2a								
8	ь						ı		
92	c				<u> </u>				
Sen	d								
E	e			_ _					
Од	f	All other program service rev	/enue	_					
ā	ı	Total. Add lines 2a-2f		_	•	- "		.,	
	3	Investment income (including	g dividends, inter	rest,		-			
	İ	and other similar amounts)			>				
	4	Income from investment of ta	ax-exempt bond	proce	eds >				
	5	Royalties			•	•		,,	
			(ı) Real		(II) Personal				
	6a	Gross rents 6a	22.	5.					
	b	Less rental expenses 6t							
	C	Rental income or (loss) 60	22	<u>5 .</u>					
	đ	Net rental income or (loss)				225.	225.		
	7a	Gross amount from sales of	(ı) Securities		(II) Other]			i
		assets other than inventory 7a							
	ь	Less cost or other basis							
		and sales expenses 7b)			ļ			
	l	Gain or (loss) 70	;						
	d	Net gain or (loss)	F		<u> </u>				
e									,
eur	8a	Gross income from fundraise	ing						
Şe,		events (not including \$							
er		of contributions reported on I	line 1c)						
Other Reven		See Part IV, line 18		8a	7,070.				
		Less direct expenses		8b	3,726.	2 244			
		Net income or (loss) from ful	r			3,344.			
	ча	Gross income from gaming a			126 005				,
		See Part IV, line 19			<u>,136,887.</u>				
		Less direct expenses .		9b 1	,013,991.	100 006	100 006		
		Net income or (loss) from ga	· ·			122,896.	122,896.		
	าบล	Gross sales of inventory, les	I	.	175 540				
	_	returns and allowances			<u>175,542.</u>				
		Less cost of goods sold	-	10b	99,085.	76 457			
	<u>C</u>	Net income or (loss) from sa	ies inventory	T	Puginess C-d-	76,457.	76,457.		7
Sn		COMMISSIONS		-	Business Code	4 030	4 030	-	
Miscellaneous Revenue	11a	COMMISSIONS		_ 9	00099	4,930.	4,930.		
scellaneo Revenue	b			- -					
Sce	C	All other reverus		- -		-			<u> </u>
Σ		All other revenue		Ц		4 030			
		Total rayonus See instruc	tions			4,930. 217,396.	204,508.		
	12	Total revenue. See instruct	LIVIIS			L 4 1 , 3 9 0 .	204,308.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b, 7b, 8b, 9b, Program service and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 23,672 and domestic governments. See Part IV, line 21 23,672. Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4,334 4,334. Benefits paid to or for members Compensation of current officers, directors, trustees, 19,900. 19,900 and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 76,858 76,858. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9,308. 7,327. 1,981 10 Payroll taxes 11 Fees for services (nonemployees) a Management b Legal 5,513. 5,513. c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 4,041. 4,041 12 Advertising and promotion 4,230. 4,230. 13 Office expenses 14 Information technology 15 Royalties 29,793. 4,850. 34,643 16 Occupancy 17 719 719 Payments of travel or entertainment expenses for any federal, state, or local public officials 240 240 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 18,701 18,701 22 Depreciation, depletion, and amortization 4,975 4,975. 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 1,089 1,089 a SUPPLIES, FEES, AND TRAINING d e All other expenses 208,223. 148,073. 60,150. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash — non-interest-bearing 226,338 227,898. Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 9,145. 8,807. 8 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or 584,530 other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 403,591 174,118. 10c 180,939. 11 Investments - publicly traded securities 11 12 Investments — other securities See Part IV, line 11 12 13 Investments — program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 409,601 417,644. 16 17 Accounts payable and accrued expenses 2,219. 1,089. 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 2,219. 26 Total liabilities. Add lines 17 through 25 1,089. Net Assets or Fund Balances **▶** | X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 407,382 27 Net assets without donor restrictions 27 416,555. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances <u>407,382.</u> 416,555. 32 Total liabilities and net assets/fund balances 409,601 417,644. 33

Form 99	0 (2019) Fraternal Order of the Eagles Aerie 2711	23-	-759322	26 P	age 12
Part	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	2:	17,3	<u> 396.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	08,2	<u> 223.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		9,1	<u>L73.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	07,3	382.
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 on Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	4:	16,5	<u> 555.</u>
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 Sche	edule O		_	.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	.ļ	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ewed on a separate			
	basis, consolidated basis, or both		l		
	Separate basis Consolidated basis Both consolidated and separate basis	asis		_	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sep	arate basis, consolid	Jated		
	basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis	asis			
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 or	1			
	Schedule O				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				

Form **990** (2019)

the Single Audit Act and OMB Circular A-133?

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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 on Schedule O and describe any steps taken to undergo such audits

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name o	f the organization	Employer identification number				
Fra	ternal Order of the Eagles Ae	rie 2711	23-7593226			
Part		vised Funds or Other Similar Fun	ds or Accounts.			
	Complete if the organization answered "					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(1)	(a) and and another			
	Aggregate value of contributions to (during year)					
2						
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year		Evends and the average of the second of the			
5	Did the organization inform all donors and donor advisors in					
_	property, subject to the organization's exclusive legal control		☐ Yes ☐ No			
6	Did the organization inform all grantees, donors, and donor	• •	•			
	purposes and not for the benefit of the donor or donor advis	sor, or for any other purpose conferring impern				
Dod	private benefit?		YesNo			
Part		Vas'' on Form 000 Boot IV line 7				
	Complete if the organization answered "					
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·				
	Preservation of land for public use (for example, recrea		torically important land area			
	Protection of natural habitat	Preservation of a c	ertified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of a				
	of the tax year		Held at the End of the Tax Year			
а	Total number of conservation easements					
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic s	tructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	d after 7/25/06, and not on a historic structure				
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, r	released, extinguished, or terminated by the				
	organization during the tax year ▶					
4	Number of states where property subject to conservation ea	asement is located ▶				
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of viola	itions,			
	and enforcement of the conservation easements it holds?		☐ Yes ☐ No			
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserv	ation easements during the year			
						
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservation	easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(h)(4)(B)(ı)			
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No			
9	In Part XIII, describe how the organization reports conserva	ition easements in its revenue and expense sta	atement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes the d	organization's accounting for			
	conservation easements					
Part			Other Similar Assets.			
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8				
1a	If the organization elected, as permitted under FASB ASC 9	958, not to report in its revenue statement and	balance sheet works			
	of art, historical treasures, or other similar assets held for p	ublic exhibition, education, or research in furth	erance of public			
	service, provide in Part XIII the text of the footnote to its final	ancial statements that describes these items				
b	If the organization elected, as permitted under FASB ASC 9	958, to report in its revenue statement and bala	ance sheet works of			
	art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furthera	ance of public service,			
	provide the following amounts relating to these items					
	(i) Revenue included on Form 990, Part VIII, line 1		▶\$			
	(ii) Assets included in Form 990, Part X		► \$ ► \$			
2	If the organization received or held works of art, historical tr	easures, or other similar assets for financial of				
	required to be reported under FASB ASC 958 relating to the	<u> </u>	,,			
а	Revenue included on Form 990, Part VIII, line 1		▶ \$			
b	Assets included in Form 990. Part X		▶ \$ ▶ \$			

Schedu	le D (Form 990) 2019 Fraternal							593226	Page 2			
Part												
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply)											
а	Public exhibition		d	Loan o	or exchange p	orogram						
b	Scholarly research e Other											
С	Preservation for future generations											
4	The state of the s											
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No											
Part									<u> </u>			
	Complete if the organization 990, Part X, line 21		on Forr	n 990, Pa	art IV, line	9, or r	eported an an	ount on F	orm			
1a	Is the organization an agent, trustee, custod	an or other intermedi	ary for con	tributions o	or other assets	s not incl	luded					
	on Form 990, Part X?		•					Yes	☐ No			
ь	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tabl	le					<u> </u>			
			_				Ame	ount				
С	Beginning balance					1c						
d	Additions during the year					1d						
е	The state of the s											
f	Ending balance					1f			<u> </u>			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for esc	crow or cus	todial accoun	nt liability	?	Yes Yes	No No			
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation	has been p	rovided on Pa	art XIII						
Part												
	Complete if the organization	answered "Yes"	on Forr	n 990, P	art IV, line	10						
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three years ba	ck (e) Foury	ears back			
1a	Beginning of year balance .							_				
b	Contributions											
С	Net investment earnings, gains, and											
	losses											
d	Grants or scholarships											
е	Other expenditures for facilities and											
	programs							_				
f	Administrative expenses											
g	End of year balance				l							
2	Provide the estimated percentage of the curr	rent year end balance		column (a))	held as							
а	Board designated or quasi-endowment	-	_%									
b	Permanent endowment >%)										
C	Term endowment ▶%											
	The percentages on lines 2a, 2b, and 2c sho											
3a	Are there endowment funds not in the posse	ession of the organiza	ition that a	re held and	administered	for the		F.				
	organization by								es No			
	(i) Unrelated organizations							3a(i)				
	(ii) Related organizations							3a(ii)				
b												
4	Describe in Part XIII the intended uses of the		vment tun	ds	<u> </u>							
Par	Land, Buildings, and Equip Complete if the organization		on Forr	n aan 🗈	art IV line	112 9	See Form 900	Part Y lur	ne 10			
		(a) Cost or oth			r other basis	_	Accumulated	(d) Book v				
	Description of property	(a) Cost or oth		1	ther)		epreciation	(a) DOOK V				
	land	,	5,000.	 	<u>.</u>		· -	75	,000.			
1a	Land		2,852.				301,639.		, <u>000.</u> ,213.			
b	Buildings	382	.,052.	' 			JUL, UJJ.	01	<u>, = = J .</u>			
C	Leasehold improvements	03	3,911	 			85,216.	Ω	,695.			
d	Equipment		2,767.	'		_	16,736.		,031.			
e Total.	Other Add lines 1a through 1e (Column (d) must ed			(B), line 10	 c)	L	±0,730.		, 939.			
IIYA	TEL MICE TO THE MICE AND THE TELEPHONE		,	, -,,			Sch	edule D (Form				

Schedu	ule D (Form 990) 2019 Fraternal Order of the Ea	gles Aerie 2711	23-7593226	Page 4
Part				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a		
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			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d .		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)			
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5	
Part	Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form		es per Keturn.	
1	Total expenses and losses per audited financial statements	7 - 5 - 5 - 7 - 5 - 7 - 7 - 7 - 7 - 7 -	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		- - - - - - - - - - 	
2 a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses .	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
a	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	
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line	18)	5	
Part	XIII Supplemental Information.			
Provide	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part V, line	4, Part X, line 2,	
Part XI	, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro	vide any additional information		
			·	
•				
		· · · · · · · · · · · · · · · · · · ·		
				
UYA			Schedule D (Form 99	90) 2019

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Part XIII	Suppleme	Fraternal ntal Information	(continued)						1)
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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

Open to Public Inspection

Name of the organization Employer identification number 23-7593226 Fraternal Order of the Eagles Aerie 2711 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I 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 а Mail solicitations Solicitation of government grants b Internet and email solicitations X Special fundraising events Phone solicitations C X In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees 2a Yes X No listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (i) Name and address of individual (II) Activity (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (or retained by) (or retained by) custody or control of from activity or entity (fundraiser) contributions? fundraiser listed in organization col (I) Yes No 1 2 3 5 8 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported morethan \$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 (a) Event #1 (b) Event #2 (c)Other events (d) Total events (add col (a) through (event type) (event type) (total number) col (c)) Revenue Gross receipts 2 Less Contributions Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages Entertainment 8 Other direct expenses 9 Direct expense summary Add lines 4 through 9 in column (d) 10 Net income summary Subtract line 10 from line 3, column (d) 11 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 (a) Bingo (b) Pull tabs/instant (d) Total gaming (add (c)Other gaming Revenue bingo/progressive bingo col (a) through col (c)) 1,136,887. Gross revenue 1,136,887. Direct Expenses Cash prizes 1,013,991 1,013,991. 2 3 Noncash prizes Rent/facility costs Other direct expenses % % 7 Yes Yes Yes No No No 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 1,013,991. Net gaming income summary Subtract line 7 from line 1, column (d) 122,896. Enter the state(s) in which the organization conducts gaming activities WY Is the organization licensed to conduct gaming activities in each of these states? X Yes No b If "No," explain ☐ Yes X No 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

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11	"Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in
а	The organization's facility 100.00%
b	An outside facility , 13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
••	records
	records
	Manual Name and Associated and Associated As
	Name ▶ 9S Consulting LLC
	Address ▶ 1 Cold Springs Ct Gillette, 82718
45-	
15a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party▶ \$
С	If "Yes," enter name and address of the third party
	Name ▶
	Address ▶
16	Gaming manager information
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	☐ Director/officer ☐ Employee ☐ Independent contractor
	Employee Enterpolities Solutions
17	Mandatory distributions
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
_	retain the state gaming license?
h	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 ▶ \$
Part	
ıaıı	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.
	See instructions

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

2019 Open to Public Inspection

OMB No 1545-0047

Name of the organization								Employer identification number			
Fraternal	Order	of t	the :	Eagles	Aerie	2711			23-759	3226	
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