(Rev January 2020)

Return of Organization Exempt From Income Tax

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

2019

		of the Treasury		al security numbers o gov/Form990 for instr			nos	Open to Public Inspection
			dar year, or tax year beginning		, 2019, and endir		31	, 20 20
		applicable	C Name of organization Fraterna	D Employ	er identification number			
	Address		1 ' '	61-0704592				
Η	Name ch	_	Doing business as Bluegrass Number and street (or P.O. box	E Telephor	ne number			
H	Initial ret	-	P.O. Box 73053	ii iiiaii ia iiot delivered to e		Room/suite	· ·	859) 2610244
Η		urn/terminated	City or town, state or province, of	country, and ZIP or foreign	n postal code		· · · · · · · · · · · · · · · · · · ·	300, 201 3211
\exists	Amende		Bellevue, KY 41073		, , , , , , , , , , , , , , , , , , , ,		G Gross re	eceipts \$ 1,642,428
H		ion pending	F Name and address of principal of	fficer Grea S. Nelson		H(a) is this a o		ubordinates? Yes V No
ш	Applicat	ion pending				H(b) Are all s	subordinates	included? Yes No N/A
								(see instructions)
<u> </u>	Website		<u> </u>	<u> </u>	<u> </u>	H(c) Group e		
<u>к</u>			Corporation Trust Associ	ation ☐ Other ►	L Year of form		·	legal domicile KY
_	art I	Summa		0.10.1	1		1	
	1		cribe the organization's mis	sion or most signific	ant activities: The Fr	aternal Order o	f Eagles, a	n international, non-
ø	1		nization, unites fraternally in t					
auc	1							
Governance	2	Check this	ts ills, and by promoting peac box ▶ ☐ if the organization	n discontinued its on	erations or dispose	CEIVED	25% of it	s net assets.
Š	3	Number of	f voting members of the gove	erning body (Part VI.	line 1a) 👡 📗		188 I	198
ু জ	4	Number of	independent voting member	ers of the governing	body (Pa 🖏 line U	1 .7.2020.	104	198
es	5	Total numl	per of individuals employed	ın calendar vear 201	9 (Part V line 2a)		28-056 4 4 8	-0-
Ξ	6		per of volunteers (estimate if	-	[DEAL LIE	J + 6	50
Activities &	7a		lated business revenue from			DEN, UT	Ja	-0-
_	b		ted business taxable income	•	•		7b	-0-
	~	1100 0111010	tod buomioco tandoro mico	<u> </u>	,,,,, <u>,</u>	Prior Yea	ar	Current Year
_	8	Contributio	ons and grants (Part VIII, line	e 1h)			7,335	9,351
Je e	9		ervice revenue (Part VIII, line				- 1,000	
Revenue	10	-	t income (Part VIII, column (=			168	137
æ	11		nue (Part VIII, column (A), Irr	67,977	98,450			
	12		nue-add lines 8 through 11 (75,480	107,938
	13		d similar amounts paid (Part				15,974	17,053
	14		aid to or for members (Part I					
Ø	15	•	ther compensation, employee					
Expenses	16a		nal fundraising fees (Part IX,					
ē	b		raising expenses (Part IX, co		•		ر المراجع	
ŭ	17		enses (Part IX, column (A), lir		le)		77,245	106,795
	18		nses. Add lines 13-17 (must				93,219	123,848
	19		ess expenses. Subtract line				(17,739)	(15,910)
or			·			Beginning of Cur	rent Year	End of Year
Net Assets or Fund Balances	20	Total asse	ts (Part X, line 16)				150,334	134,424
A Ba	21	Total liabili	ities (Part X, line 26)				-0-	-0-
F S	22	Net assets	or fund balances. Subtract	line 21 from line 20			150,334	134,424
	art II	Signatu	ire Block					
Un	der pena	alties of perjury	, I declare that I have examined this	return, including accomp	anying schedules and sta	tements, and to th	e best of my	knowledge and belief, it is
tru	e, correc	t, and complet	e Declaration of preparer (other tha	in officer) is based on all in	tormation of which prepai	rer nas any knowle		
		1	som S. Mila				6-20	- 20
	gn	Signat	une of officer	. 1	1 -	Date	е	
He	ere	G	regary 5. Ne	Ison P	resident			· · · · · · · · · · · · · · · · · · ·
		Туре с	or priN name and title					
Pa	id -	Print/Type	e preparer's name	Preparer's signature		Date	Check _	· .
	epare	er					self-emplo	oyed
	se On	I Francia aa	me >				s EIN ►	
		Firm's ad				Phor	e no	
Ma	y the I	RS discuss	this return with the preparer	shown above? (see	instructions)	<u></u>	<u> </u>	. Yes No_

٨/	/A
<u>/ Y</u>	<u>//ł</u>

1	Briefly describe the organization's miss	response or note to any line in this Pa ion:		· · · · <u></u>
2	Did the organization undertake any sign prior Form 990 or 990-EZ?		ar which were not listed on the]Yes □No
3	If "Yes," describe these new services of Did the organization cease conducting		ow it conducts, any program	
	services?]Yes □ No
4	Describe the organization's program se expenses. Section 501(c)(3) and 501(c) the total expenses, and revenue, if any,	(4) organizations are required to report	three largest program services, a the amount of grants and alloca	as measured by itions to others
4a	(Code:) (Expenses \$			
		```		
4b	(Code ⁻ ) (Expenses \$	including grants of \$		
			•••••	
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
		. <u></u>		
	,			
			•••••	
4d	Other program services (Describe on S		h \	
4e	(Expenses \$ including of the control of the contro	grants of \$ ) (Revenue	)	

DGD

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Part	V Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		<b>√</b>
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		<b>√</b>
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		<b>√</b>
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		<b>✓</b>
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		<b>*</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
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		<b>✓</b>
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	✓	
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		✓.
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		✓
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		<b>▼</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>√</b>
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		<b>√</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>,</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>\</b>
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	<b>\</b>	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>✓</b>
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		1

Form **990** (2019)

Part	V 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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓			
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_		✓			
24a	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		<b>√</b>			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>\</b>			
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		1			
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I						
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		✓			
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		<b>√</b>			
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		✓			
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? 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		✓			
С	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		<b>√</b>			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>-</b>			
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		✓_			
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		✓			
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	_	<b>√</b>			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>-</b>			
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	<b>Section 501(c)(3) organizations.</b> 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		1			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	1				
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		· · ·				
			Yes	No			
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 <b>1 1 1 1 1</b>					
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1				

Form **990** (2019)

r di U	Statements negaring other ins rinings and Tax Compliance (Communical)		
•	Fater the country of country or control or Family W.O. Transmitted of West and Tay 1	Yes	es 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  2a -0		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	M
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
22	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	
3a 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	N/A
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		<del> /ਪ/                                   </del>
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	1
b	If "Yes," enter the name of the foreign country ▶	CEST C	in Light
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N/F
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		7.7.
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch	11/0
7	gifts were not tax deductible?	6b	A)/A
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
а	and services provided to the payor?	7a	✓ Skallens
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	NA
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1_	
	required to file Form 8282?	7c	4200 ACRISTAN
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit conftract?	7e	<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	<b>→</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g   7h	\ <u>\</u>
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	\$204 Six	
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	NL
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
10	Section 501(c)(7) organizations. Enter		20 202
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 N/A		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources		
	against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N N
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	AIT
а	Is the organization licensed to issue qualified health plans in more than one state?		
<b>L</b>	Enter the amount of reserves the organization is required to maintain by the states in which		
b	the organization is licensed to issue qualified health plans		
С	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓ ✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	NI
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1
	excess parachute payment(s) during the year?	15	_ /_
	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	<b>√</b>
	IT YES COMPLETE FORM (1/20) SCREQUIE ()	LESSION REPORT PROCESS	THE STREET SECTION ASSESSED.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schede						tions.				
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>		• •	. 🗸				
Secti	on A. Governing Body and Management				Yes	No				
1a	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.	1a	198		5/2 S					
ь	Enter the number of voting members included on line 1a, above, who are independent .	1b	198		4					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?									
3										
4	Did the organization make any significant changes to its governing documents since the prior For			4		<b>✓</b>				
5	Did the organization become aware during the year of a significant diversion of the organization		:s? .	5		<b>✓</b>				
6	Did the organization have members or stockholders?		٠ . ا	6	<u> </u>	<del></del>				
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?			7a		1				
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?			7b	1					
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:									
а	The governing body?			8a	✓_					
b	Each committee with authority to act on behalf of the governing body?			8b		N/				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule	0		9		<b>✓</b>				
Secti	on B. Policies (This Section B requests information about policies not required by the	e Interna	I Heven	ue Co	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		ſ	10a	162	√ -				
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption of the control of the organization of the control of the organization			10b		A1/6				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef			11a		<del>/\/</del> F				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-	l							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		✓				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			12b		<u> </u>				
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done			12c						
13	Did the organization have a written whistleblower policy?			13		<b>✓</b>				
14	Did the organization have a written document retention and destruction policy?			14	الاستان					
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and dec	oision?	uneusuriniur	letsinlinittii	nta tionaling				
<b>a</b>	The organization's CEO, Executive Director, or top management official		,	15a 15b	_	N/A				
b	Other officers or key employees of the organization			130	to a	N/F				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similarity during the year?		ement	16a						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	n to evalu o safegua	ard the	16b		A1/0				
Secti	on C. Disclosure	• • •	•••	TOD		/A/Q				
17	List the states with which a copy of this Form 990 is required to be filed ▶ None	· · · · · · · · · · · · · · · · · · ·	<del> </del>							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain on Section 1024).	t apply.		(Sec	tion 5	501(c)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing doci and financial statements available to the public during the tax year.	uments, c	onflict of	finter	est p	olicy,				
20	State the name, address, and telephone number of the person who possesses the organization David Daniel, P.O. Box 73053, Bellevue, KY 41073 Telephone (859) 261-0244	n's book	s and rec	ords	<b>&gt;</b>					

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Form	990	(2019)	١

Part VII	Compe	nsation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	<b>Employees</b> ,	, and
	Indeper	ident Con	tractors								

#### 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.

(A)	(B)			(e Pos	C) ation	•		(D)	(E)	(F)
Name and title	Average		(do not check more than one					Reportable	Reportable	Estimated amount
	hours	office	box, unless person is both an officer and a director/trustee)					compensation	compensation	of other
	per week (list any	익글						from the organization	from related organizations	compensation from the
	hours for	불	state	Officer	y e	ng ghe	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	cto	ĝ		월	st co	4			related organizations
	organizations below	7 ह	a t		Key employee	) ğ				
	dotted line)	Individual trustee or director	Institutional trustee		"	Highest compensated employee		,		
			ě			ated			1	
(1) Daniel F. Moose	15									
Trustee		<u> </u>			_		<u> </u>	-0-	-0-	-0-
(2) Darren Reinhardt	15									
Trustee		<b>✓</b>						-0-	-0-	-0-
(3) Samuel Lovins	15						İ			
Trustee		1						-0-	-0-	-0-
(4) Hobert Rogers	15									
Trustee		✓					<u> </u>	-0-	-0-	-0-
(5) Eric Smith	15	]						:		
Trustee		✓		L			<u> </u>	-0-	-0-	-0-
(6) Greg S. Nelson	15									
President			✓					-0-	-0-	-0-
(7) Randall Kitts	15	ļ								
Vice-President			✓					-0-	-0-	-0-
(8) David H. Jarboe	20									
Secretary			✓					-0-	-0-	-0-
(9) David T. Daniel	20									
Treasurer			✓	<u> </u>				-0-	-0-	-0-
(10)										
(11)	<b></b>									
(12)										
(13)			-							
(14)	-		-		-					
<u> </u>	<b></b>									

Part	VII Section A. Officers, Directors, 1	Γrụstees,	Key l	Em	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
						C) sition					_
	(A) Name and title	(B) Average			neck	more	than o		(D) Reportable	( <b>E</b> ) Reportable	(F) Estimated amount
	realite and title	hours					is both or/trust		compensation from the	compensation from related	of other
		per week (list any	Indiv	Inst	Officer	Key	High	Forme	organization	organizations	compensation from the
		hours for related	Individual trustee or director	Institutional	er	Key employee	nest c	ner	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
		organizations below	9 2	nal tr		loye	omp			i	
		dotted line)	stee	trustee		"	Highest compensated employee				
(4.5)				"		-	ed	_			
(15)											
(16)											
(17)											
(18)											
(19)								-			
(20)								_			
1			_								
								_			
(22)											
(23)											
(24)											
(25)											
1b	Subtotal			•	•			<b>&gt;</b>	-0-	-0	-0-
C	Total from continuation sheets to Part			•			•	<b>&gt;</b>	-0-	-0	
d	Total (add lines 1b and 1c)							2) W	ho received mor	-0 e than \$100.000	<del></del>
	reportable compensation from the organi							-,	None		
											Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete to							mpl 	oyee, or highes	st compensated	3 🗸
4	For any individual listed on line 1a, is the	sum of re	portal	ble -	con	nper	nsatio				
	organization and related organizations individual	greater th	an \$1	150,	,000	)? II 	f "Ye:	s," 	complete Sched	dule J for sucl	4 1
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or individua	5
Secti	on B. Independent Contractors										
1	Complete this table for your five high compensation from the organization. Rep										
	(A) Name and business add	ress							(B) Description of serv	/ices	(C) Compensation
None											
			<del></del>					-			
	Tabel number of malaras but as a		- I-			lies !	ا امم			o)b =	1
2	Total number of independent contractor received more than \$100,000 of compens							י נח	iose listed abov None	e) wno	

D	O	
	Statement of Reven	~

Part	AIII	Check if Schedule			spon	se or note to ar	ny line in this Pa	ırt VIII.		🗆
	-	<b>,</b>	`				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts s	٦a	l ederated campaig			1a					
irar	b	Membership dues			1b	7,286		and the second		
S E	C	Fundraising events			1c					
a it	d	Related organization			1d			1.0		
S, E	e	Government grants	•		1e	<u> </u>				
is is	Ť	All other contribution and similar amounts no			4.6	0.005			A CONTRACTOR	
the th	~	Noncash contribution			1f	2,065				
	g	lines 1a–1f			1g	\$				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-					9,351			
					-	Business Code	Versus en rock			
ဗ	2a						,			,,
و چ	b							, <u>-</u>		
gram Sen Revenue	C				i				,	
ran lev	d									
Program Service Revenue	е									
ď.	f	All other program se							Parti antichi della invisco eneral	ESSENJESSES KONTESTED BY SE
	g	Total. Add lines 2a-							RECENT STREET, CANALLY R	PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN TO PERSON NAMED IN COL
	3	Investment income other similar amoun					137	137		,
	4	Income from investr					137	137		
	5	Royalties			•	•				
		,		(ı) Rea		(ii) Personal	1/2/1/2/2/2/2		J. P.	
,	6a	Gross rents	6a							
	b	Less: rental expenses		·						
`	С	Rental income or (loss)		,						
	d	Net rental income o	r (loss	,		•		ກີສົດກິດີດີເຊັງຈີກີດີເປັນສະສະບາດຕາມສາກັດແຄນຄົນ	լում արարագրությունների արարարում անագրություն	Dennogrammaser. Zerkárákodillánni káldi
	7a	Gross amount from		(i) Securit	iles	(II) Other		1000		
		sales of assets	70							
an a	· h	other than inventory Less cost or other basis	7a							
evenue	D	and sales expenses .	7b							
eve	С	Gain or (loss)	7c							
	d	Net gain or (loss)				🕨				
Other R	8a	Gross income from	m fu	ndraising			12.0		5785214532311	
Ŏ		events (not including			ŀ					
		of contributions rej								
	_	1c). See Part IV, line			8a					
	þ	Less direct expens			Rh.				ນີ້ຄືລະກັດແດນປ່າເປັນຕິດຕົດກັບສະເຊດສັບສັດຕົດຂໍ້ອຸຊົນ <u>ໃນ</u> :	Endutrication (1994) Edit (1994) Edit (1994) Edit (1994)
	C	Net income or (loss) Gross income 1			g eve	nts			5.000 IF 1900 TANS	
	9a	activities. See Part I			9a	1,457,559				
	b	Less direct expens			9b	1,396,306	Terrange and the second			
	C	Net income or (loss)			ctivitie		61,253	61,253		
	10a	Gross sales of in		-						
		returns and allowan	ces		10a	175,381			Control Comment (Co.)	
	b	Less: cost of goods			10b	138,184				
	С	Net income or (loss	) from	sales of ir	vento		37,197	37,197	Service of the servic	NAMES CONTRACTOR OF THE STATE O
sne						Business Code		MANAGE STATES		
Miscellaneous Revenue	11a			·						
scellaneo Revenue	b							<del> </del>		
SCE	А	All other revenue						<del>                                     </del>		
Ξ	e	Total. Add lines 11a	 a–11d	 		•				
	12	Total revenue. See				. <u></u> <b>&gt;</b>	107,938	98,587	an man a casta rep Spanie i Reciti	
										Form <b>990</b> (2019)

Part IX	Staten	nent of Fu	nctional	Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , 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 and domestic governments. See Part IV, line 21 .	17,053			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members		-		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .	-		•	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees).				
а	Management				
b	Legal				
C	Accounting	<u> </u>			
d	Lobbying				
е	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.)				
12	Advertising and promotion				<u> </u>
13	Office expenses	1,891			-112
14	.Information technology				<u></u>
15	Royalties				
16	Occupancy	69,770			
17	Travel	10,993			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,298			
20	Interest	,			
21	Payments to affiliates	1,746			
22	Depreciation, depletion, and amortization .	14,404			
23	Insurance	3,108	St	and a strangeror of contracts on at 1 toward to 10 to	moderate and approximately all being the action of the second
24	Other expenses. Itemize expenses not covered			and some contract of the contr	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column			n and a comment of the comment of th	
	(A) amount, list line 24e expenses on Schedule O.)	Alfizielifielifilijigittifilifilitielellihilijig		inchanialisindi iminkindindi intersene	
a	Flowers & Goodwill	1,039			
b	Bank & Credit Card Fees	1,396			
C	Loss - Missing Funds	120			
d	Miscellanous	1,030			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	123,848			
26	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)				,
	10.10.4.11g 001 00-2 (A00 000-120)	<u> </u>	L	· <u>.</u>	Form <b>990</b> (2019)

Forn	n 990 (20	19)			Page <b>1</b>
? P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		[
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	78,560	1	87,21
	2	Savings and temporary cash investments	17,294	2	7,13
	3	Pledges and grants receivable, net		3	
	4	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	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 169,943			
	ь	Less: accumulated depreciation 10b 129,867		10c	40,07
	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)	`150,334		134,42
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<u> </u>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	SPECIAL COLUMN STATE OF THE SPECIAL SP	21	KAZSIAN NEW KISTA HARRINGIS
Liabil _{ties}	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	
<u>"</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X		٥٥	
	00	of Schedule D		25 26	<u> </u>
<u></u>	26		-0-	20	-( 2016:10:10:10:10:10:10:10:10:10:10:10:10:10:
Net Assets or Fund Balances	0.7	Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33.		07	
gal	27	Net assets without donor restrictions		27 28	
<u> </u>	28	Net assets with donor restrictions		20	
Ē	1	Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
٥	29	Capital stock or trust principal, or current funds		29	
şţ	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
ťΑ	32	Total net assets or fund balances	150,334		134,42
Se	1	Total liabilities and net assets/fund balances	150,334		134.42

Total liabilities and net assets/fund balances .

Form 990 (2019)

134,424

134,424

150,334 33

Page	12	
· ugu	. —	

	VI December Western of Mark Appeals			
Pari				
	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		107,938
2	Total expenses (must equal Part IX, column (A), line 25)	2		123,848
3	Revenue less expenses. Subtract line 2 from line 1	3		(15,910)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		150,334
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		134,424
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		· · <u>·</u>	<u> 🗆</u>
				Yes No
1	Accounting method used to prepare the Form 990:   ☐ Cash ☐ Accrual ☐ Other			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓ _
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or T	
	reviewed on a separate basis, consolidated basis, or both:	·		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on	а	
	separate basis, consolidated basis, or both:			*
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			23
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	of	
•	the audit, review, or compilation of its financial statements and selection of an independent accounts			✓
	If the organization changed either its oversight process or selection process during the tax year, e			
	Schedule O.	•		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in ti	he l	
Vu	Single Audit Act and OMB Circular A-133?		3a	N/P
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	derao t	he	
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	audits .	3b	N/A
				990 (2019)

#### 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.

OMB No 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization Fraternal Order of Eagles #964 Aerie Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . 2 Aggregate value of contributions to (during year). 3 Aggregate value of grants from (during year) . . . Aggregate value at end of year . . . . . . . . 4 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 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the 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 (for example, recreation or education) Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 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 FASB ASC 958 relating to these items: Assets included in Form 990, Part X .

Part	II Organizations Maintaining	<b>Collections of</b>	Art, His	torical 1	reasures,	or Ot	her Similar As	sets (cor	tinued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of the	follow	ring that make s	ignificant	use of its
а	☐ Public exhibition				or exchange				
b	☐ Scholarly research		θ	☐ Other				. <b></b>	
С	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	ion's collections a	and expl	ain how t	hey further t	he org	anization's exen	npt purpos	ie in Part
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Part									
	Complete if the organization 990, Part X, line 21.								-orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	ollowing ta	able:				
	_				,	<u> </u>	+	mount	
C	Beginning balance					10			
d	Additions during the year					1d	<del></del>		
e	Distributions during the year					1e	<del></del>		
f	Ending balance							2 ☐ Yes	□ No
2a b	If "Yes," explain the arrangement in Pa	art XIII Check her	e if the e	xplanatio	n has been t	orovide	ed on Part XIII .		
Pari		are years of the ore the or	0 11 1110 0	//pramation					
	Complete if the organization	answered "Yes	" on Fo	rm 990, F	Part IV, line	10.			
		(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance			-					
b	Contributions								
c	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		[						
2	Provide the estimated percentage of t			ce (line 1g	ı, column (a)	) held (	as:		
а	Board designated or quasi-endowmer	nt <b>&gt;</b>	%						
b	Permanent endowment >	<del></del> .%							
С	Term endowment ►%  The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
3a	Are there endowment funds not in the	e possession of th	ne organ	ızatıon tha	at are held a	and ad	ministered for th		
	organization by:								es No
	(i) Unrelated organizations					• •		3a(i)	<del></del>
	(ii) Related organizations If "Yes" on line 3a(ii), are the related o							3a(ii) 3b	
ь 4	Describe in Part XIII the intended uses							[ 00 ]	
Part				OWITIOTIC II	<u></u>				
	Complete if the organization		" on Fo	rm 990. F	Part IV, line	11a.	See Form 990,	Part X, lii	ne 10.
	Description of property	(a) Cost or of (investm	ther basis	(b) Cost of	or other basis ther)	(c)	Accumulated appreciation	(d) Book	
	Land				11,500				11,500
b	Buildings				143,395		115,950		27,445
c	Leasehold improvements			1	,				
d	Equipment				15,048		13,917		1,131
e	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part	X, columr	(B), line 10	c.) .	•		40,076

Part Vil	Investments—Other Securities.  Complete if the organization answered "Yes" on For	rm 990 Part IV line	11h See Form 990 Part	Y line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	n
(1) Financial		<del></del>		
	derivatives			· · · · · ·
/A)			<del></del>	
(B)			-	
(C)				
(D)				
(E)				
(F)		-		
(G) (H)		· <del></del>		
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	Investments—Program Related.	1		
	Complete if the organization answered "Yes" on For	rm 990, Part IV, line	11c. See Form 990, Part	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	n
(1)	·-··			
(2)				
(3)				
(4)				-
(5)			· · · · · · · · · · · · · · · · · · ·	
(6)				
(7)				
(8)			<del></del>	
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.	<u>I</u>		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11d. See Form 990, Part	X, line 15.
	(a) Description		( <b>b)</b> Bo	ok value
(1)				
(2)				
(3)				
(4)		·		
(5) (6)				
(7)				
(8)	· · · · · · · · · · · · · · · · · · ·			
(9)	, , ,			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities.		▶	
	Complete if the organization answered "Yes" on For line 25.	m 990, Part IV, line	11e or 11f. See Form 990	), Part X,
1.	(a) Description of liability		(b) Bo	ok value
(1) Federal in	come taxes			
(2)	·····			
(3)				
(4)				
(5)				
(6)		<del></del>		
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		<b>.</b> .	
	uncertain tax positions. In Part XIII, provide the text of the footnotes			
organization's	s liability for uncertain tax positions under FASB ASC 740. Check	k here if the text of the f	ootnote has been provided in P	art XIII 🔲

Part	Reconciliation of Revenue per Audited Financial Stateme	anto With Dovonue no	r Poturo	
Part			r neturn.	
	Complete if the organization answered "Yes" on Form 990, F		141	
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:	1 . 1		
а	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		
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.)	4b		
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part			per Return.	
	Complete if the organization answered "Yes" on Form 990, F		1	
1	Total expenses and losses per audited financial statements		1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1900	
a	Donated services and use of facilities	2a   .		
_	Prior year adjustments	2b		
b	· · · · · · · · · · · · · · · · · · ·	2c		
C	Other losses	<del></del>		
d	Other (Describe in Part XIII.)		— <del>                                     </del>	
e	· · · · · · · · · · · · · · · · · · ·		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	5	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 2b; Part V, line 4; Part X, lii	ne

Schedule D (Fo	rm 990) 2019	Page 5
Part XIII	m 990) 2019 Supplemental Information (continued)	
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#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

#### **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

Internal Revenue Service Name of the organization Employer identification number Fraternal Order of Eagles #964 Aerie 61-0704592 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. e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants h Phone solicitations g 

Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 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 (iv) Gross receipts from activity (or retained by) fundraiser listed in (i) Name and address of individual custody or control of contributions? (ii) Activity (or retained by) or entity (fundraiser) organization col (i) Yes No 2 3 4 5 6 7 8 9 10 Total 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.

Pa	rt IIa	Fundraising Events. Con than \$15,000 of fundraisin gross receipts greater tha	ng event contributions			
	, , .		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
une	_	0				
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				,
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				· · · · · · · · · · · · · · · · · · ·
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d)	<u></u> <b>&gt;</b>	
r a	rt III	Gaming. Complete if the \$15,000 on Form 990-EZ		ered "Yes" on Form s	990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1	Gross revenue		1,455,319	2,240	1,457,559
ses	2	Cash prizes		1,349,964	610	1,350,574
Direct Expenses	3	Noncash prizes			496	496
	4	Rent/facility costs				
	5	Other direct expenses .		45,236		45,236
	6	Volunteer labor	☐ Yes % ☐ No	✓ Yes 100 %  □ No	✓ Yes 100 %  □ No	
	7	Direct expense summary. Ad-	d lines 2 through 5 in co	olumn (d)		1,396,306
	8	Net gaming income summary	/. Subtract line 7 from li	ne 1, column (d)	<b>&gt;</b>	61,253
	a Ist	iter the state(s) in which the org the organization licensed to co 'No," explain:	onduct gaming activities	s in each of these states		
10		ere any of the organization's ga				

Scriedu	ie d (Full) 330 di 330-E2) 2013		Page 0				
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	Ų 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:						
а	The organization's facility		100 %				
b	An outside facility		N/A %				
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:						
	Name ► David T. Daniel						
	Address ► P.O. Box 73053, Bellevue, KY 41073						
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	✓ Yes	□No				
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 99,429 and the amount of gaming revenue retained by the third party ▶ \$ 28,568  If "Yes," enter name and address of the third party	_	_				
	Name ► Charitale Gaming Distributors						
•	Address ► P.O. Box 317, Mt. Washington, KY 40048						
16	Gaming manager information:						
	Name ▶ David T. Daniel						
	Gaming manager compensation ▶ \$ None						
	Description of services provided ▶ Recordkeeping						
	☑ 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?	<b></b> 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 > \$ 56,646						
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.						
Line 1	5b - 7,060, 3,332						
	5c - Lancaster Bingo Company, 200 Quarry Road SE, P.O. Box 668, Lancaster, OH 43130						
			<b></b>				
	,						
			<del>-</del>				
		<b></b>					

#### 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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

61-0704592 Fraternal Order of Eagles #964 Aerie Form 990 Part VI - Line 6 We are organized as a 501(c)(8) which allows for members. Part VI - Line 7b Members vote on new members and the spending of funds above certain limits. Part VI - Line 11b Form 990 is reviewed by key officers and trustees. Part VI - Line 19 Upon written request.