(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)

OMB No 1545 0047 2019

Open to Public

{ 	Depa nter	artment nal Rev	of the Treasury enue Service		Do not ∙ Go to ww	enter social sec w.irs gov/Form	urity nu 990 for	mbers on this f instructions	form as and f	it may be m the latest i	ade public nformatio	$n \mathcal{M} $		Inspection			
7	Ā	For th	he 2019 calend				01			, and endi		31	<u> </u>	, 2020			
ī			if applicable	C	<u>, </u>				<u> </u>					tification number			
		Пас	ddress change	FRATERNA	I. ORDER	OF EAGI	ES #	32				81-	0136	920			
		H	Address change FRATERNAL ORDER OF EAGLES #32 Name change 2430 SOUTH AVE W										E Telephone number				
		Initial return MISSOULA, MT 59801										406-721-3091					
		Final return/terminated											,21	3031			
		Amended return										G Gross	racounts	\$ 705	5,371.		
		\vdash	pplication pending	F Name and ad	dress of princin	al officer ===					H(a) Is this	a group retu			W		
		L. ^₽		SAME AS (JA	RED I	BYXBE		,	1 ''	I subordinate:		⊢	$\overline{}$		
7		Tay	exempt status	501(c)(3)	X 501(c) (0)4 (insert no	1 49477	a)(1) or	527	If "No,	" attach a lis	t (see in	structions)			
<u>-</u>	1		bsite: ► N/		[X] 301(c) (8) (IIIS GAL TIC	7) [434/(6	a)(1) UI	1327	H(a) Group	exemption n	umbor 🕨	•			
_	<u>, </u>		of organization	Corporation	Trust	Association	Oth		1 1	Year of forma	<u> </u>			legal domicile M			
_		rt I	Summary		HUST	ASSOCIATION	001		11-	Tear or iornia	11011		Jible Of I	egar donnere [4]	<u></u>		
Ľ	Ť		Briefly describ	e the organiz	ation's mis	sion or most	signifi	cant activities	s ТН	E ORGAN	ITZATTO	N'S PR	TMAR	Y PURPOSE	TS.		
	_		FOR THE F									<u> 5</u>					
	일		<u> </u>									. – – – .					
	Governance														· – – – –		
	8	_	Check this box					operations o	or disp	osed of m	ore than 2	25% of its	net as	sets	·		
73			Number of vot										3		10		
20.	S		Number of Ind										4		7		
60	Activities &		Total number Total number				ear 20	19 (Part V, II	ine 2a	1)			5 6		10		
1 9 2021	듕		Total unrelated				Jumn ((C) line 12					7a	170	<u>10</u> 3,020.		
∝	٩		Net unrelated			-							75		5,958.		
MAR	\dashv		1101 0111010100	Dubinious take		7 11 0117 1 01711	330 1,				P	rior Year	1 7 7	Current \			
_	ı	8	Contributions a	and grants (P	art VIII. line	e 1h)					-	39,2	85		3,754.		
品	Kevenue		Program servi			•						33,2			,, 104.		
Z	Ker		Investment inc	•			1, and	7d)				2	91.		369.		
Z	운		Other revenue)			561,2		477	7,651.		
SCANNED		12	Total revenue	 add lines 8 	3 through 1°	l (must equa	l Part	VIII, column	(A), lı	ne 12)		600,8	20.	511	774.		
Ŝ		13	Grants and sin	nılar amounts	paid (Part	IX, column	A), lın	es 1-3)				56,4	09.	68	3,183.		
	-	14	Benefits paid t	o or for mem	bers (Part	IX, column (۹), line	4)				2,1	72.		932.		
		15	Salaries, other	compensation	on, employe	e benefits (l	Part IX	, column (A),	, lines	5-10)		164,3	68.	150),147.		
	Expenses	16 a	Professional fu	undraising fee	s (Part IX,	column (A),	line 11	e)									
	힖	ь	Total fundraisi	na expenses	(Part IX, co	olumn (D), lır	ie 25)	•						.			
	ച്		Other expense	-					··· - ·		·	313,7	23	275	5,201.		
			Total expenses						25)		<u> </u>	536,6			1,463.		
			Revenue less		•	•		(. 7,	,			64,1			7,311.		
-;	5 8						<u></u>				Reginnir	ng of Curren		End of Y			
	anc	20	Total assets (F	Part X, line 16	5)							593,0		583	3,733.		
	8	21	Total liabilities	(Part X, line	26)							6,1			,616.		
3		22	Net assets or f	und balances	Subtract I	ine 21 from	line 20					586,9	13.	582	2,117.		
П	Pai	d II	Signature	Block				·									
U	nder	penalt	es of perjury, I deci	are that I have ex	amined this ret	urn, including ac	company	ung sen ou es au	n sive	neets and to	he best of m	y knowledge	and belie	ef, it is true, correct	t, and		
cc	ompl	iete De	claration of prepare	r (other than offic	er) is based on	all information of		roparor has any	Knowled								
			Day	~ Bryy	<u>د</u>		- 8	JUL 2	1 20)20 S		7-14-	<u>- 2c</u>	०८०			
S	ig	n	Signature	of officer			<u> </u>	302 2	1 20	KO	Da	te					
H	ler	е		D BYXBE				<u> </u>] <u>k</u>	PRES]	[DENT					
_				rint name and title		,		OGDE	N,	<u>UT</u>			, , .				
			Print/Type pre	parer's name		Preparer's sig	nature			Date	١.	Check] ıf '	PTIN			
	aid			MESSICK		10-		<u> </u>		6174	7029	self-employe	ed]	P01285586	<u>; </u>		
P	re	pare	Firm's name		& MESS												
U	Jse	Onl	y Firm's address	1800	SOUTH R	ESERVE,	STE	A				Firm s EIN		-0467842			
_				MISSO	<u> </u>	59801						Phone no	406-	721-3091			
M	lay	the IF	RS discuss this	return with t	he preparei	shown abov	e? (se	e instruction	s)		•			X Yes	No		



Pa	rt IV, Checklist of Required Schedules			
-	Is the exampleation described in contain F01/e)/2) or 4047/e)/1) (allow them a private foundation)? If I//es I complete		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 candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	n 4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
á	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	l	
ŧ	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	11 b		Х
•	c 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	11 c		Х
C	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	11 d		Х
E	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	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 >	(11f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	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	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	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 for a foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	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		х
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		х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x

Form 990 (2019) FRATERNAL ORDER OF EAGLES #32 Part IV: 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	Х	
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? <i>If 'Yes,' complete Schedule J</i>	23		х
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		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
	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		х
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
	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)			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		<u>X</u>
	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		29		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		
	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	and Part V, line 1	34		X
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
١	of 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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note: All Form 990 filers are required to complete Schedule O	38	Х	
<u>r</u> al	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Chock it Soliceans S contains a response of note to any line in this rate v	1	Yes	No
1 :	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 reportable gaming (gambling) winnings to prize winners?	1 c	X	
BAA		Form		2019)

<u> </u>	etatements regularing ether inter inings and rax compliance (continues)		Yes	No
2 8	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 2 a 10	-		
t	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			↓_
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	↓_
t	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b	Х	<u> </u>
	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)?	4 a		x
Ł	olf 'Yes,' enter the name of the foreign country		17	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			<u> </u>
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
C	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		<u> </u>
6 a	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?	6 a		Х
t	of 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).	,	,	
a	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?	7 a		X
b	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		х
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			<u> </u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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?	. [.]		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			-
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			ĺ
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		•	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			-
а	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note: See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		-	
_	Enter the amount of reserves on hand Did the assessment serves on your new	14a		Х
		-		
	If 'Yes,' has it filèd a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	14 b		\vdash
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? If 'Yes,' see instructions and file Form 4720, Schedule N	15	-	х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O	16		Х
BAA		Form	990	201

Form 990 (2019) FRATERNAL ORDER OF EAGLES #32 81-0136920 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.

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

Se	ction A. Governing Body and Management			
			Yes	No
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	l	٠,	1
	b Enter the number of voting members included on line 1a, above, who are independent 1 b 7			٠ ,
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4				v
_	since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	Did the organization have members or stockholders?	6		Х
′	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		Х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<u>,</u>	•	1 A.
	a The governing body?	8 a		X
	b Each committee with authority to act on behalf of the governing body?	8 b		X
9	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		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ie Co	ode.)
			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10 a		X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11.	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		X
i	b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O			
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a		X
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
•	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?			į
;	a The organization's CEO, Executive Director, or top management official	15 a		X
1	b Other officers or key employees of the organization	15 b	X	
	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?	16 a		<u> </u>
1	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?	16 b		<u></u>
	ction C. Disclosure		_	
17	List the states with which a copy of this Form 990 is required to be filed ► NONE	. _		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50 available for public inspection. Indicate how you made these available. Check all that apply)1(c)(3	3)s on	ly)
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availated the public during the tax year SEE SCHEDULE O	ble to		
20				
	MCNAY & MESSICK, CPAS, PC 1800 SOUTH RESERVE, STE A MISSOULA MT 59801 406-	721-	3091	

Part VIII 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

- 1 a 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

	heck this box if neither the organization nor any relate	ed organız	ation	con	nper	nsate	ed an	y cu	irrent officer, direct	or, or trustee	
					(C))					_
	(A) Name and title	(B) Average hours	"	s both dır	n an o	officei /trust			(D) Reportable compensation from	Reportable	(F) Estimated amount of other
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)	SCOTT JOHNSON	_ 10					ļ.				
	SECRETARY	0			Х				1,560.	0.	0.
(2)	TIM RAYMOND TRUSTEE	0_0	х						0.	0.	0.
(3)	ALAN HALL	0									
	TRUSTEE	0	Х				L	i	0.	0.	0.
(4)	CHRIS MULKEY	0									
	TRUSTEE	0	Х						0.	0.	0.
(5)	ROGER INGERSOLL	0					ı				
	TRUSTEE	0	X						0.	0.	0.
(6)	COREY BAINES	0									
	TRUSTEE	0	X				$ldsymbol{f f eta}$		0.	0.	0.
<u>_(7)</u> _	JASON DUFFIN	0									
	VICE PRESIDENT	0			X				0.	0.	0.
(8)	JARED BYXBE	0									
	PRESIDENT	0			X		lacksquare		0.	0.	0.
<u>(9)</u>	PAUL ARMSTRONG	0									
	CHAPLAIN	0			X		ļļ	ļ	0.	0.	0.
(10)	TOM EHLERT	0!									
	TREASURER	0			Х				0.	0.	0.
(11)											
(12)											
(13)											
(14)		- -									

Mait VIII Section A. Officers, Directors, Tru	231003,	Ney		ibi	Jyc	c3,	anı	' Ingriest con	ipensacea Em	Joyces (continues)
(A) Name and title	Average hours per week	box	, unte	check ess pe	sition more	than is bot or/trus	h an stee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimaled amount of other
	(list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	compensation from the organization and related organizations
(15)		-								
(16)										
<u>(17)</u>										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal							→	1,560.	0.	0.
c Total from continuation sheets to Part VII, Section	on A						▶	0.	0.	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited		sted :	ahov		ho r	9091	red i	1,560.	0.	0.
from the organization • 0	to those if	3160 6	300v	C) W			/eu i	more than \$100,000	o or reportable com	
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, truste	e, ke al	y en	nplo	yee	, or l	high	est compensated	employee	Yes No 3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportabler than \$15	e cor 50,00	npei	nsat If 'Y	ion es, '	and com	othe plet	er compensation f e Schedule J for	rom	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compens	satioi e <i>Sc</i>	n fro hedi	om a ule .	any i <i>J for</i>	unrel suc	lated h pe	d organization or erson	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compens	ated inde	penc	lent	con	itrac	tors	that	t received more th	nan \$100,000 of	
compensation from the organization Report compens	ation for t	he ca	lend	lar y	ear	endır	ng w	ith or within the org	ganization's tax yea	(C)
Name and business addr	ess							Description o	† services	Compensation
					-		\dashv			
							7			
Total number of independent contractors (including bit \$100,000 of compensation from the organization in the organization		ed to	thos	se lis	sted	abov	/e) v	vho received more	than	

ين المهند	> All me			contains a	respo	onse or note to a	ny line in this Part	∕III		
			-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 6	Federated campaig	gns		1 a					
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues 1b 23,754.									
S, E	(Fundraising events		-	1 c					
a G	۱ ۹	d Related organization		ļ.	1 d					
ş, E		Government grants (con			1 e					
효율	'	All other contributions, of similar amounts not inc			1 f	10,000				
혈충	و ا	Noncash contributions in			\dashv	10,000				
		lines 1a-1f	.,		1 g					
		Total. Add lines 1a	-11	 		Business Code	33,754.	Commonweaport Co.	A SAME TO THE STATE OF THE SAME OF THE SAM	TO SECTION AND THE
Program Service Revenue	2 a				⊢	Busiless Code			245 Per 284 34 34 34 34 34 34 34 34 34 34 34 34 34	William Control of the Control of th
Ě	~ ;	·						 		
e	[
Ē	٥	·					<u> </u>			·
E	 €				-					
gra	f	All other program s	servi	ce revenue						
P	ç	Total. Add lines 2a	-2f		1		<u> </u>			
	3	Investment income (inclu	dıng dıviden	ds, ın	terest, and				
		other similar amou					369.		369.	
	4	Income from invest	tmer	it of tax-exe	mpt	bona proceeas		 		
	5	Royalties		(ı) Real		(ii) Personal				
	6 a	Gross rents	6a	(97100)		(,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		Less rental expenses	6b							
		: Rental income or (loss)								
•		Net rental income of		oss)			- Tank a St. Letter Date Control of Mark	William Company of the Company of th	PA WAS CONTROL WIT - MISHES WHEN TO	And the second second second second second
	7 a	Gross amount from		(ı) Securiti	es	(II) Other				
		sales of assets	7a		—	+	-			
	b	b Less cost or other hasis								
		and sales expenses	7b	· · · · · · · · · · · · · · · · · · ·						
		Gain or (loss)	7c			<u> </u>				
		d Net gain or (loss)				·		Lyonania di Angeri	SESSE ASSESSED ASSESSED	
₹	8 a	Gross income from funda (not including \$	raisin	g events						
Ven		of contributions reported	l on li	ne 1c)	-					
æ		See Part IV, line 18		,	8a					
Other Revenue	b	Less direct expens	ses		8b					
ㅎ	C	Net income or (loss	s) fro	m fundraisi	ng ev	vents				
	9 a	Gross income from gami	no ac	tivities						
		See Part IV, line 19			9 a	~~				
		Less direct expens			9 b					
	C	: Net income or (loss	s) tro	m gaming	activii	ties		A CONTRACTOR OF STREET	CALL THE CONTRACT OF THE CONTRACT OF THE	PN/42042020000000000000000000000000000000
	10 a	Gross sales of inventory, returns and allowances	less		100	E06 00E				
		Less cost of goods		4	10a 10b	000,000				
		: Net income or (loss				200/0311	303,298.	5. 中華 通過 2014年 (2016年 1945年)	303,298.	公司的工作的工作的工作的证明工作的工作的工作的工作。
y	-				T	Business Code .				
scellaneous Revenue	11 a	GAMING MACHI	NE	INCOME			130,361.		130,361.	
	þ	OTHER INCOME					19,569.		19,569.	
scellaneo Revenue	c	LOTTERY INCO					17,814.		17,814.	
<u>ي</u> ح		All other revenue			Ĺ		6,609.	La contracto de la contracto d	6,609.	Sugarias (king-t n and i -
Σ	_	Total. Add lines 11a					174,353.			
	12	Total revenue. See	ınst	ructions		<u> </u>	511,774.	0.	478,020.	0.

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 (D) (A) (B) (C) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 10,412 10,412 Grants and other assistance to domestic individuals See Part IV, line 22 57,771 57,771 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members 932. 932. Compensation of current officers, directors, trustees, and key employees 3,060 3,060 0. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 Other salaries and wages 136,085 136,085. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 138 138 Payroll taxes 10,864 10,864 11 Fees for services (nonemployees) a Management **b** Legal c Accounting 7,835 7,835 **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.) Advertising and promotion 26,108 26,108 13 Office expenses 1,730 80 1,650 Information technology 15 Royalties Occupancy 16 782 17 Travel 782 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 740 740 20 Interest 21 Payments to affiliates 30,194 Depreciation, depletion, and amortization 30,194 16,465 16,465 23 Insurance 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) 45,260 45,260 a LIVE MUSIC _ _ _ **b** UTILITIES 31,933 31,933 17,992 109 17,883 c MISCELLANEOUS d LOTTERY EXPENSE 17,908 17,908 6,146. SEE SCH. O 72,<u>1</u>08. 78,254. e All other expenses 414,431 0. 494,463 80,032 25 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) 26 joint costs from a combined educational campaign and fundraising solicitation Check here ► If following SOP 98-2 (ASC 958-720)

BAA

1,74	770	Check if Schedule O contains a response or note to	o anv I	ne in this Part X			П
			,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		,	261,821.	1	259,184.
	2	Savings and temporary cash investments			132,807.	2	133,176.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	,
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	I contri	er, director, butor, or 35%		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		7			
Ø	8	Inventories for sale or use			15,874.	8	14,181.
šet	9	Prepaid expenses and deferred charges			13,074.	9	14,101.
Assets		Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	691,112.			
	 -	Less accumulated depreciation	10 b	529,820.	173,546.	10 c	161,292.
	-		102	323,020.	173,340.	11	101,232.
	12	Investments – other securities See Part IV. line 11				12	
	13	Investments – other securities deer art IV, line 11				13	
		Intangible assets		14			
	14	Other assets See Part IV, line 11	9,000.	15	15,900.		
	15	·	593,048.	16	583,733.		
	16	Total assets. Add lines 1 through 15 (must equal line	33)		393,048.		303,733.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		•		18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete Part I	V of S	chedule D		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these per	utor, or	rector, trustee, 35%		22	
⊐	23	Secured mortgages and notes payable to unrelated th		ties		23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com			6,135.	25	1,616.
	26	Total liabilities. Add lines 17 through 25			6,135.	26	1,616.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	>				
ā	27	Net assets without donor restrictions		i		27	
Ba	28	Net assets with donor restrictions				28	
Vet Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck her	• X			
5	29	Capital stock or trust principal, or current funds			A THE STATE OF THE	29	
ş	30	Paid-in or capital surplus, or land, building, or equipm	nent fur	nd		30	
8	31	Retained earnings, endowment, accumulated income,			586,913.	31	582,117.
Ä	32	Total net assets or fund balances			586,913.	32	582,117.
<u>e</u>	32	Total liabilities and net assets/fund balances			593 048	33	583, 733

011	1 990 (2019) FRATERNAL ORDER OF EAGLES #32	01-013037	<u> </u>	age 12
Ŗa	nXI廳 Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	511	774.
2	Total expenses (must equal Part IX, column (A), line 25)	2	494	463.
3	Revenue less expenses Subtract line 2 from line 1	3		311.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	586	913.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8		8	1	088.
9	Other changes in net assets or fund balances (explain on Schedule O) SEE SCHEDULE O	9	-23	195.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	582	117.
Pa	秋順 Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		_	X
			Yes	5 No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other SEE SCH.	_ 0		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both X Separate basis Both consolidated and separate basis	iewed on a		
ŀ	Were the organization's financial statements audited by an independent accountant?		2 b	x
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate, consolidated basis, or both Separate basis Both consolidated and separate basis	parate		
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the air review, or compilation of its financial statements and selection of an independent accountant?	udit,	2 c	Х
	If the organization changed either its oversight process or selection process during the tax year, explain on 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 the Sing Audit Act and OMB Circular A-133?	le	3 a	X
t	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why on Schedule O and describe any steps taken to undergo such audits	audit	3 b	

Form 990 (2019)

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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 2019

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	FRATERNAL ORDER OF EAGLES			81-0136920
Par	t Organizations Maintaining Done	or Advised Funds or Other	Similar Func	ls or Accounts.
	Complete if the organization ans	wered 'Yes' on Form 990,	Part IV, line 6)
		(a) Donor advised fui	nds	(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)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the as organization's exclusive legal co	ssets held in don	or advised funds Yes No
6	Did the organization inform all grantees, donc for charitable purposes and not for the benefit impermissible private benefit?	ors, and donor advisors in writing t of the donor or donor advisor, o	that grant funds or for any other p	can be used only urpose conferring Yes No
_				
Par		wordd 'Yos' on Form 900	Part IV Jupa 7	
	Complete if the organization ans Purpose(s) of conservation easements held b			•
J		•	<u></u> -	of a historically important land area
	Preservation of land for public use (for exam	ple, recreation or education)		of a certified historic structure
	Protection of natural habitat Preservation of open space		Preservation	for a certified historic structure
_	□ ' '			of
2	Complete lines 2a through 2d if the organization I last day of the tax year	neid a qualified conservation contri	oution in the form (or a conservation easement on the
				Held at the End of the Tax Year
a	Total number of conservation easements			2 a
t	Total acreage restricted by conservation ease	ments		2 b
c	: Number of conservation easements on a certi	fied historic structure included in	(a)	2 c
c	Number of conservation easements included i structure listed in the National Register	n (c) acquired after 7/25/06, and	not on a historic	2 d
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished, or	terminated by the	organization during the
4	Number of states where property subject to conse	rvation easement is located >		
5	Does the organization have a written policy re and enforcement of the conservation easemen		inspection, hand	ling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations, a	nd enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, insper ▶\$	ecting, handling of violations, and er	nforcing conservat	ion easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requ	rements of secti	on 170(h)(4)(B)(ı) Yes No
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote conservation easements	orts conservation easements in i to the organization's financial sta	ts revenue and e tements that des	expense statement and balance sheet, and cribes the organization's accounting for
Par		<mark>ctions of Art, Historical Tr</mark> wered 'Yes' on Form 990, F	easures, or O Part IV, line 8	ther Similar Assets.
1 a	If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financial	ld for public exhibition, education	, or research in f	ement and balance sheet works of art, furtherance of public service, provide in
b	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items	FASB ASC 958, to report in its or public exhibition, education, or re	revenue stateme search in furtherai	nt and balance sheet works of art, nce of public service, provide the
	(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, h amounts required to be reported under FASB	ustorical treasures, or other similar ASC 958 relating to these items	assets for financia	gain, provide the following
а	Revenue included on Form 990, Part VIII, line			► \$
	Assets included in Form 990, Part X			▶\$

Rartilla Organizations maintai	ning Conection	S OI AIL, HISU	orical freasures, c	or Other Similar As	3C13 (C	Ullul	<i>100)</i>
3 Using the organization's acquisition, items (check all that apply)	accession, and othe	r records, check a	any of the following that	make significant use of its	collection	วก	
a Public exhibition		d Loan	or exchange program				
b Scholarly research		e Other	•				
c Preservation for future genera	ations	<u>—</u>					
4 Provide a description of the organiza Part XIII	ation's collections and	d explain how the	y further the organization	n's exempt purpose in			
5 During the year, did the organizat to be sold to raise funds rather th	an to be maintained	d as part of the o	organization's collectio	n ^၇	Yes		No
Rant IV Escrow and Custodial line 9, or reported an a	Arrangements. amount on Form	Complete if 990, Part X,	the organization a line 21.	nswered 'Yes' on Fo	orm 99	0, Par 	rt IV,
1 a Is the organization an agent, trust on Form 990, Part X?	ee, custodian or ot	her intermediary	for contributions or ot	her assets not included	Yes	٦	No
b If 'Yes,' explain the arrangement	in Part XIII and con	nplete the follow	ing table			_	
					Amoun	t	
c Beginning balance				1 c		_	
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1f			
2 a Did the organization include an ar	nount on Form 990	, Part X, line 21,	for escrow or custodia	al account liability?	Yes		No
b If 'Yes,' explain the arrangement				· ·			j
Part V Endowment Funds. Co	mplete if the or	ganızatıon ar	nswered 'Yes' on F	orm 990, Part IV, II	ne 10.		
<u> </u>	(a) Current year	(b) Prior yea	r (c) Two years ba	ck (d) Three years back	(e)	Four year	s back
1 a Beginning of year balance.							
b Contributions					J		
c Net investment earnings, gains, and losses							
d Grants or scholarships							
 Other expenditures for facilities and programs 							
f Administrative expenses	- <u>-</u>						
g End of year balance							
2 Provide the estimated percentage	of the current year	end balance (lin	ne 1g, column (a)) held	l as			
a Board designated or quasi-endowme	nt ►	%					
b Permanent endowment ▶	8						
c Term endowment ►	%						
The percentages on lines 2a, 2b, and	d 2c should equal 100	0%					
3 a Are there endowment funds not in the organization by	e possession of the o	organization that a	are held and administere	d for the		Yes	No
(i) Unrelated organizations					3a(i)		
(ii) Related organizations					3a(ii)		Ļ
b If 'Yes' on line 3a(ii), are the relate	_				3b		l
4 Describe in Part XIII the intended		ation's endowme	ent funds				
Rant VI Land, Buildings, and E Complete if the organiz		'Yes' on Forr	m 990, Part IV, lin	e 11a. See Form 99	0, Par	t X, In	ne 10.
Description of property	(a) Cos (ir	t or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	alue
1 a Land			70,000.	THE REPORT OF THE PARTY OF THE		70	,000.
b Buildings			465,034.	384,638.			,396.
c Leasehold improvements							
d Equipment		-	156,078.	145,182.		10	,896.
e Other			130,070.	130,102.			,
Total. Add lines 1a through 1e (Column	I (d) must equal For	rm 990. Part X (column (B), line 10c)			161	,292.
BAA	Cay and a second of		(2),	Sched	ule D (Fe		

Part VII Investments – Other Securities.		N/A	000 Part V Juna 10
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-o	
(1) Financial derivatives	(D) Book value	(C) Method of Valuation Cost of end-o	n-year market value
(2) Closely held equity interests			
(3) Other			
	- 		
(A) (B)			
(C)			
(D)			
(E)			
			
(F) (G)	<u> </u>		·
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		A STATE OF THE STA	in the state of th
Part VIII Investments – Program Related.	, ,	N/A	
Complete if the organization answered	'Yes' on Form 99	0, Part IV, line 11c. See Form 9	90, Part X <u>, line 13</u>
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)	. <u></u>		
(5)	<u> </u>		
(6)			
(7)			
(8)	<u></u>		
(9)			
(10)	 		
Total (Column (b) must equal Furni 990, Part X, column (B) line 13)	N/A		<u> </u>
Complete if the organization answered	'Yes' on Form 990	0, Part IV, line 11d. See Form 9	90, Part X, line 15.
	cription		(b) Book value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15)		
Part X Other Liabilities.	000 Dark IV I.ma 1:	10 or 116 Con Form 000 Port V line 25	
Complete if the organization answered 'Yes' on Fo	otion of liability	Te of 111. See Form 990, Part A, fille 25.	(b) Book value
(1) Federal income taxes	otion of hability		(b) Book value
(2) GAMING TAXES PAYABLE			203.
(3) PAYROLL TAXES PAYABLE			1,413.
(4)			<u>-</u>
(5)			
(6)			
(7)			
(8)			
(9)			
(10) (11)			· · · · · · · · · · · · · · · · ·
			1 616
Total (Column (b) must equal Form 990, Part X, column (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the foo	tnote to the propertion's fire	gangial statements that reports the organization's	1,616.
tax positions under FASB ASC 740 Check here if the text of the footnote has		nanolai Statemento diat reporto die organization o	

Schedule D (F	form 990) 2019	FRATERNAL	ORDER	$_{ m OF}$	EAGLES	#32

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Page 4

Rant XI Reconciliation of Revenue per Audited Financial Sta		Return. N/A
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		
a Net unrealized gains (losses) on investments	2 a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	100 (2 mg)
d Other (Describe in Part XIII)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII)	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, Ii	ne 12)	5
Rart XII Reconciliation of Expenses per Audited Financial St	atements With Expenses p	er Return. N/A
Complete if the organization answered 'Yes' on Form	990, Part IV, line 12a.	
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2 a	
b Prior year adjustments	2 b	
c Other losses	2 c	
d Other (Describe in Part XIII)	2 d	
e Add lines 2a through 2d	-	2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b.	4 a	
b Other (Describe in Part XIII)	4 b	
c Add lines 4a and 4b	103	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I Ram XIII) Supplemental Information.	ine וא)	5
Markania Supplemental Information		

Provide 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 provide any additional information

Schedule D (Form 990) 2019

SCHEDULE 0 (Form 990 or 990-EZ)

4

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

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FRATERNAL ORDER OF EAGLES #32 Employer identification number

81-0136920

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 AND FOR 990T WILL BE PRESENTED TO THE BOARD OF TRUSTEES PRIOR TO FILING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT <u>& GENERAL</u>	FUNDRAISING
BANK CHARGES	8,940.		8,940.	
DUES & SUBSCRIPTIONS	7,031.	5,968.	1,063.	
GAMING TAXES	12,552.	,	12,552.	
GIFTS	3,050.		3,050.	
MEALS	614.		614.	
MUSIC ROYALTIES	2,455.		2,455.	
NSF CHECKS	1,340.		1,340.	
OUTSIDE SERVICES	2,049.		2,049.	
POSTAGE	578.	143.	435.	
REPAIRS & MAINTENANCE	15,400.		15,400.	
SUPPLIES	17,469.		17,469.	
TAXES, LICENSES & PERMITS	3,928.	35.	3,893.	
WORKER'S COMPENSATION	2,848.		2,848.	
	TOTAL \$ 78,254.	\$ 6,146.	\$ 72,108.	\$ 0.

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FEDERAL CORP TAX Ś -17,422. MT CORP TAX -5,747. NON - DEDUCTIBLE EXPENSES -26. -23,195.TOTAL \$

FORM 990, PART XII, LINE 1 - OTHER ACCOUNTING METHOD

MODIFIED CASH