2,937 RECEIVED b Net unrelated business taxable income from Form 990-T, line 39 7b Prior Year **Current Year** OCT 06 2020 27,885 25,867 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 1,080,373 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN. UT 123,520 215,306 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)-243,197 ,229,760 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 7,550 9,355 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 226,160 193,350 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>233,</u>710 202,705 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,487 1,027,055 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 1,075,019 108,174 20 Total assets (Part X, line 16) 60,240 7,539 21 Total liabilities (Part X, line 26)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

WINDEDAHL, RANGITSCH, GROENEVELD, NORTONLLC

true, correct, and example to Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

SALEM, OR 97308 Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

P.O. BOX 126

ANN MADSEN Type or print name and title

22 Net assets or fund balances. Subtract line 21 from line 20

Signature Block

Print/Type preparer's name

ELLIOT GROENEVELD

Part II

Sign

Here

Paid

Preparer

Use Only

Form **990** (2019)

1,067,480

PTIN

P00294692

27-1620556

503-378-1120

X Yes

47,934

Check

09/29/20 self-employed

Firm's EIN ▶

WORTHY SECRETARY

Date

Yes

	FRATERNAL ORI	DER OF EAGLES 93- n Service Accomplishments	0312668	Page 2
	_	ontains a response or note to any line in this	Part III	X
	ibe the organization's miss FY ENTERTAINM	SION FOR MEMBERS		
prior Form 99	nization undertake any sig 90 or 990-EZ? cribe these new services o	inificant program services during the year which were no on Schedule O	ot listed on the	Yes X No
services?	nization cease conducting cribe these changes on S	, or make significant changes in how it conducts, any pichedule O	rogram	Yes X No
4 Describe the expenses Se	organization's program section 501(c)(3) and 501(c)	ervice accomplishments for each of its three largest proc)(4) organizations are required to report the amount of y, for each program service reported.		
4a (Code PROVIDE)(Expenses \$ COMMUNITY EN	102,024 including grants of \$ TERTAINMENT FOR MEMBERS) (Revenue \$)
		•••		
4b (Code N/A) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code N/A) (Expenses \$	including grants of \$) (Revenue \$)
,				
ld Other program	m services (Describe on S	Schedule O)		

DGD

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- **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*
- 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
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 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
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI
 - 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
 - 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
 - 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
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X
- 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
 - **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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- **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
- 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
- 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
- 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)
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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

		Yes	No
			v
	1 2		X
	3		_X_
	4		
	5		<u>x</u>
	6		<u>x</u>
	7		x
	8		X
	9		x
	10		х
	11a	Х	
	11b		<u>x</u>
	11c		<u>x</u>
	11d		X
	11e		<u> </u>
	11f		x
	12a		x
	126		x
	12b 13		$\frac{\mathbf{x}}{\mathbf{x}}$
	14a		X
	14b		x
	15		x
	16		x
	17		x
	18		<u>x</u>
	19 20a	Х	<u>x</u>
-	20a 20b	-	
	21	ո 99 0	X
	ron	11 JJU	(2019)

_	990 (2019) FRATERNAL ORDER OF EAGLES 93-0312668		P	age
_ <u>P</u>	art 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		res	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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		X
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		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	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	-	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	21		
20	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	ľ	1	
_	"Yes," complete Schedule L, Part IV	28a		x
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			l
	or IV, and Part V, line 1	34_		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
^-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_~
20	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	20	х	•
p.	19? Note: All Form 990 filers are required to complete Schedule O art V Statements Regarding Other IRS Filings and Tax Compliance	38		<u> </u>
r	Check if Schedule O contains a response or note to any line in this Part V			
	Check is conedule of contains a response of flote to any line in this Fait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 9	[162	140
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			

reportable gaming (gambling) winnings to prize winners?

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		-	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		х	•
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	x	İ
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	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	05		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	**a		^
•	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?			v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a	_	X
		5b		 ^
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			.
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	4		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_l		
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)]		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	7		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	\neg	
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	"		
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	Ì	X
-	If "Yes," complete Form 4720, Schedule O			

Form 990 (2019) FRATERNAL ORDER OF EAGLES 93-0312668 Page 6 'Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 X Section A. Governing Body and Management Yes No 374 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 374 1b b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 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," 12c describe in Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure OR List the states with which a copy of this Form 990 is required to be filed 17 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records

3886 KASHMIR WAY SE

OR 97317-9315 503-362-3212

ANN MADSEN

SALEM

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

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

(A) Name and title	(B) Average hours per week (list any	bo	x, unte	Pos check ess pe nd a d	rson	than one is both a or/trustee	an e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2 1035-WIGG)	(**21033-14100)	related organizations
(1) LYLE BRAFF										
	3.00									
INSIDE GUARD	0.00	X			<u> </u>			0	0	0
(2) HARRY DITTON										
	3.00									
TRUSTEE	0.00	X						0	0	0
(3) GLORIA L GREINER	L									
	3.00									
TRUSTEE CHAIRMAN	0.00	X						0	0	0
(4) MARK W KNECHT									-	
	3.00									
WORTHY CHAPLAIN	0.00	X						0	0	0
(5) JULIE A KNUDSON										
	3.00									
TRUSTEE	0.00	X	ł					0	0	0
(6) ANN MADSEN										
. ,	3.00	İ								
WORTHY SECRETARY	0.00	X	i					0	0	0
(7) REESE MILLER								= ·-		
•	3.00									
TRUSTEE	0.00	x						0	0	0
(8) JAMES D MORGAN			 							
.,	3.00									
TRUSTEE	0.00	x						0	0	0
(9) TOM W MOSS										
(-,	3.00									
TRUSTEE	0.00	x						0	0	0
(10) DALE A VANDERZAN		T-								
(.0,21122 11 1121211212	3.00									
TRUSTEE	0.00	$ \mathbf{x} $						0	o	0
(11) RONALD WEATHERS		† 	┢┈		t	\vdash				
(,1:3::::::::::::::::::::::::::::::::::	3.00									
VICE PRESIDENT	0.00	x			İ			0	o	0
	0.00	142	L	<u> </u>	Щ.	<u> </u>				Form 990 (2010)

TOTAL 990 (2019) TICHT								75 651					age
Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)				
`(A) Name and title	(B) Average hours per week (list any	off	x, unl ficer a	Pos check ess pe ind a c	erson	than o	n an from the organization	(E) Reportable compensation from related organizations		(F) stimated of oth compens from t	amount ier sation he		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		rganizati ted orga		s
(12) BRENT COLLEE	3.00												-
PRESIDENT	0.00			Х				0	0				(
										<u></u>			
		ļ		<u></u>		<u></u>	-						
1b Subtotal	5		<u> </u>			<u> </u>	•			<u> </u>			
c Total from continuation shed d Total (add lines 1b and 1c) 2 Total number of individuals (in					e lis	ted a	boy	(e) who received more than	\$100,000 of				
reportable compensation from				1100								Yes	No
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line 	complete Sche	dule	J foi	suc	h inc	lıvıdı	ıal	,			3		х
organization and related organ individual	nizations greater	thar	\$15	50,00)0? <i>I</i>	f "Ye	s," (complete Schedule J for su	ch		4		х
5 Did any person listed on line 1 for services rendered to the or Section B. Independent Contracto	ganization? If ")										5		X
Complete this table for your five compensation from the organic	ve highest comp zation Report c							dar year ending with or with	in the organization's tax ye	ear		(0)	
Name and	(A) business address							Descrip	(B) tion of services		Co	(C) mpensati	ion
2 Total number of redeeded	nontroctors (udire :	. h	not	lum ·*	nd 4-	#h -	en listed above) who					
2 Total number of independent of received more than \$100,000	of compensation	i fror	n the	e org	anız	ation	₩	Se listed above) who	00			990	

Form 990 (2019) FRATERNAL ORDER OF EAGLES

	ilt A			r Revenue edule O cont	ains a	response or no	te to any line in th	is Part VIII		
				-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated camp	aigns		1a					
Sra	b	Membership due	es		1b	17,60	5			
ts, (Am	С	Fundraising eve	nts		1c				•	
ᅙ	d	Related organization	ations		1d					
S,E	e	Government grants (co	ontributio	ns)	1e					
tion in	f	All other contributions,	gifts, gra	ants,						
혈		and similar amounts no	ot include	ed above	1f	8,26	2			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions	ıncluded	ın lines 1a-1f	1g 5	\$				
<u>ဒီ ဗ</u>	h	Total. Add lines	1a-11	<u> </u>			25,867			
	_					Business Co	de			
<u>ខ</u>	2a									
e Š	Ь									
Z e	C								 _	
Program Service Revenue	d					 				
<u> </u>	e	All -4h				 				·
		All other program Total. Add lines								
_	3	Investment inco			de inter	est and				
	ľ	other similar am	•	_	25, IIILEI	est, and	780		780	
	4	Income from inv			t bond r	oroceeds •	700		700	
1	5	Royalties	Counc	ant of tax-exemp	r bona p	broceeds •			-	
	•	rioyamoo		(ı) Real	Т	(II) Personal				
	6a	Gross rents	6a		,005		7			
	Ь	Less rental expenses	6b				7			
	c	Rental inc or (loss)	6c	9	,005		7			
	d	Net rental incom	e or (I			•	9,005	9,005		
	7a			(i) Securities	;	(II) Other				
		sales of assets other than inventory	7a			1,177,81	8			
ne	b	Less cost or other								
/en		basis and sales exps	7b			98,22	5			
Re	С	Gain or (loss)	7c			1,079,59	3			
Other Revenue	d	Net gain or (loss	s)			>	1,079,593	1,079,593		
₹ :	8a	Gross income from	fundra	ising events						
		(not including \$								
		of contributions rep		on line 1c)	}					
		See Part IV, line 18			8a		_			
	b	Less. direct expe		_	8b		<u> </u>			
	С	Net income or (le			events					
	9a			g activities		222 40				
		See Part IV, line 19			9a	233,49				
		Less direct expe			9b	231,33			0 155	
		Net income or (le			vities		2,157		2,157	
	TUA	Gross sales of in			1					
		returns and allow			10a					
		Less cost of god			10b					
_		Net income or (le	uss) ir	oni sales of inve	ыцогу	Business Coo	le l		······	
Miscellaneous Revenue	11-	BAR INCOME				Dusiliess COC	52,679	52,679		
ine Tue	11a b		a∪na a				27,500	27,500		
ella Ver	C	KITCHEN INC REFUNDS/REI		/OTUEP			15,176	15,176		
ဒ္ဓ	d	All other revenue		/ OIRER			17,003	17,003		
Σ		Total. Add lines		1d		<u> </u>	112,358	17,003	·	
		Total revenue.					1,229,760	1,200,956	2.937	

Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must on Check if Schedule O contains a resp			nplete column (A)	
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		охроньес	general expenses	onpolitics .
	and domestic governments See Part IV, line 21				
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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				<u></u>
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	9,355	9,355		
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)				
a	Management				-
b	Legal				<u></u>
C	Accounting				
d	Lobbying Professional fundraising services See Part IV, line 17				
f	Investment management fees		4		
g	Other (If line 11g amount exceeds 10% of line 25, column				
y	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	6,228		6,228	
14	Information technology			- 7 =	
15	Royalties				
16	Occupancy	28,435	28,435		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization	368	368		
23	Insurance	10,625	10,625		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O) OTHER	119,053	102,024	17,029	
a	TAXES AND PERMITS	14,542	102,024	14,542	
b	JANITORIAL	7,102		7,102	
d	PROFESSIONAL FEES	4,700		4,700	<u> </u>
-	All other expenses	2,297		2,297	
25	Total functional expenses. Add lines 1 through 24e	202,705	150,807	51,898	0
26	Joint costs. Complete this line only if the			32,330	
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note	to any	line in this Part X			
	_	One of the Control of	, (0 air)	mon and and x	(A) Beginning of year		(B) End of year
T	1	Cash—non-interest-bearing			46,646	1	722,019
	2	Savings and temporary cash investments			13,678	2	2,929
	3	Pledges and grants receivable, net			· · · · · · ·	3	
	4	Accounts receivable, net				4	· · · · · · · · · · · · · · · · · · ·
	5	Loans and other receivables from any current or forme	r office	director,			
		trustee, key employee, creator or founder, substantial	contribu	or, or 35%			
		controlled entity or family member of any of these pers	ons			5	
	6	Loans and other receivables from other disqualified pe	rsons (a	s defined			
2		under section 4958(f)(1)), and persons described in se	ction 49	58(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		`````		7	
ž	8	Inventories for sale or use			12,850	8	6,000
	9	Prepaid expenses and deferred charges				9	
-	10a	Land, buildings, and equipment cost or other					
		basis. Complete Part VI of Schedule D	10a	365,211			
-	b	Less accumulated depreciation	21,140	35,000	10c	344,071	
	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)		108,174	16	1,075,019
	17	Accounts payable and accrued expenses		4,431	17	7,539	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV	of Sche	dule D		21	
2	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial of		1			
		controlled entity or family member of any of these pers	ons			22	
ן כ	23	Secured mortgages and notes payable to unrelated the	rd parti	s	55,809	23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities (including federal income tax, payables	to relat	ed third			
		parties, and other liabilities not included on lines 17-24	Comp	lete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			60,240	26	7,539
		Organizations that follow FASB ASC 958, check he	re ▶ 🗓				
2		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			47,934	27	1,067,480
<u> </u>	28	Net assets with donor restrictions		[28	
2		Organizations that do not follow FASB ASC 958, ch	re ▶ 🗍				
2		and complete lines 29 through 33.		_			
Net Assets of Fund Balances	29	Capital stock or trust principal, or current funds		ŀ		29	
ן בַּ	30	Paid-in or capital surplus, or land, building, or equipme	nt fund			30	
ž	31	Retained earnings, endowment, accumulated income,	or othe	funds		31	
			47 024		1 000 400		
<u> </u>	32	Total net assets or fund balances		1	47,934 108,174	32	1,067,480 1,075,019

Form **990** (2019)

Form	990 (2019) FRATERNAL ORDER OF EAGLES 93-0312668			P	age 12
Pa	t XI 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	1,	,229	
2	Total expenses (must equal Part IX, column (A), line 25)	2			,705
3	Revenue less expenses Subtract line 2 from line 1	3	1,	027	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		47	<u>,934</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		<u>-7</u>	,509
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		1		
	32, column (B))	10	1,	,067	<u>,480</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Yes	s No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		L	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O				İ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		;	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	
		-		Form 9!	90 (2019)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Open to Public

Inspection Employer identification number Name of the organization ORDER OF EAGLES FRATERNAL 93-0312668 AERIE 208 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II 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 historically important land area 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 Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? 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. b 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 \$ (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

n-		2
۲a	ae	Z

Sche		L ORDER OF				312008			Page	<u>. Z</u>
•••••	rt III Organizations Maintaini					•		<u>(continue</u>	ed)	
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other record	ls, check any of th	e following that r	nake signi	ficant use of it	s			
а	Public exhibition	d 🔲	Loan or exchange	program						
b	Scholarly research	е 📙	Other							
C	Preservation for future generations									
4	Provide a description of the organization's	collections and explain	n how they further	the organization	's exempt	purpose in Pa	rt			
	XIII									
5	During the year, did the organization solicit	or receive donations	of art, historical tre	easures, or other	sımılar					
	assets to be sold to raise funds rather than		part of the organization	ation's collection	?			Yes	N	lo
Pa	Escrow and Custodial A Complete if the organization 990, Part X, line 21.		" on Form 990,	Part IV, line	9, or rep	orted an ar	nount	on Form		
1a	Is the organization an agent, trustee, custo	dian or other intermed	diary for contribution	ons or other asse	ets not				-	
	included on Form 990, Part X?		•					Yes	\square N	lo
b	If "Yes," explain the arrangement in Part X	III and complete the fo	llowing table						_	
	•		-					Amount		-
С	Beginning balance					1c				_
d	Additions during the year					1d				_
	Distributions during the year					1e				-
f	Ending balance					1f				-
2a	Did the organization include an amount on	Form 990, Part X, line	e 21, for escrow or	custodial accou	nt liability?	,		Yes	N	10
b	If "Yes," explain the arrangement in Part X	III Check here if the e	xplanation has be	en provided on F	art XIII					
Pa	rt V Endowment Funds.							•		
	Complete if the organization	on answered "Yes	" on Form 990,	Part IV, line	10.					
		(a) Current year	(b) Pnor year	(c) Two ye	ars back	(d) Three yea	rs back	(e) Four ye	ears back	
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the ci	urrent year end balanc	e (line 1g, column	(a)) held as.						
а	Board designated or quasi-endowment ▶	%								
b	Permanent endowment ▶ %)								
С	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%								
3a	Are there endowment funds not in the post	session of the organiza	ation that are held	and administere	d for the			_		
	organization by							Y	es N	0
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ	zations listed as requ	ired on Schedule F	२७				3b		
4	Describe in Part XIII the intended uses of t	he organization's endo	owment funds							
Pa	ार VI Land, Buildings, and Eq	uipment.								
	Complete if the organization	on answered "Yes	" on Form 990,	Part IV, line	11a. See	e Form 990	, Part	X, line 10		
	Description of property	(a) Cost or other		st or other basis	I	Accumulated		(d) Book va		
		(investment)		(other)	de	epreciation				
1a	Land									
	Buildings									
	Leasehold improvements	-								
	Equipment									
	Other			365,211		21,14	0	344	4,07	1
	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Par	t X, column (B), lır				▶		4,07	
							$\overline{}$			_

Complete if the organization answered "Yes" on Form 990, Part IX, line 115. See Form 990, Part IX, line 12) (i) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Part VII	Investments – Other Securities.	Form 000 Deat IV lin	11h San Farm 000 F	Port V. June 40
Color or orderly par market value Color or orderly par market value	•		1		
(1) Financial derivatives (2) Closely held cauty inferests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			(b) Book value	1	
(2) Other (3) Other (4) Other (5) Other (6) (7) (8) (9) (9) (9) (10)		(including name of security)		Cost or end-of-yea	ar market value
(3) Other (A) (A) (B) (C) (C) (D) (E) (E) (F) (C) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(1) Financial of	derivatives			
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely he	ld equity interests			
(B) (C) (C) (D) (E) (E) (F) (G) (F) (G) (F) (G) (H) (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments – Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment value (1) (2) (3) (4) (5) (6) (9) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (6) (9) (7) (9) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (5) (4) (5) (6) (6) (7) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(3) Other				
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			otnote to the organization's	financial statements that repo	orts the
	organization's	liability for uncertain tax positions under FASB ASC 740 Che	eck here if the text of the foo	otnote has been provided in F	art XIII

Sche	edule D (Form 990) 2019 FRATERNAL ORDER OF EAGLES	93-03126	68	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, F	· · · · · · · · · · · · · · · · · · ·		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	c Add lines 4a and 4b			
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
Pa	art XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses per	r Return.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	_2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
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	<u></u>	
С	Add lines 4a and 4b		4c	····
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I line 18.)		5	

Part XIII Supplemental Information.

Provide 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 FRATERNAL ORDER OF EAGLES

93-0312668

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ) **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.

Doen to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. FRATERNAL ORDER OF EAGLES

Employer identification number

AERIE 208 93-0312668 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a 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? b 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. (III) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions' col (ı) Yes No 1 5 6 8 9 10

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

Total

Part II

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

Page 2

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through col (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo 233,496 233,496 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 231,339 231,339 5 Other direct expenses Yes % Yes % Yes X X No No No 6 Volunteer labor 231,339 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 2,157 Enter the state(s) in which the organization conducts gaming activities X Yes No Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes X No 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2019

Open to Public Inspection

Internal Revenue Service

Department of the Treasury

Name of the organization FRATERNAL ORDER OF EAGLES AERIE 208

Employer identification number

93-0312668

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS PROVIDE COMMUNITY ENTERTAINMENT FOR MEMBERS

FORM 990, PART VI - ADDITIONAL INFORMATION LINE 8A - NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 REVIEWED BY WORTHY SECRETARY. NO AUDIT WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE WORTHY SECRETARY REVIEWS TRANSACTIONS

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE PROVIDED UPON REQUEST

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION PRIOR YEAR ACCOUNTING CHANGES \$ -7,509