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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No. 1545-0047

Open to Public Inspection

| | | f the Treasur; we Service | у ▶ т | The organization may have to use a copy of the | nis return to satis | sty state rep | orting requ | nrements. | Inspection | |
|-------------------------|--|--|----------------------|--|---|-------------------|---------------------------------------|----------------|---------------------------------------|--|
| A | For th | e 2009 ca | alendar | year, or tax year beginning | , 2009, a | nd ending | | | , 20 | |
| | | applicable | Picase | C Name of organization Fraternal Order of E | agles AERIE | 4174 | | D Employ | er identification number | |
| | Address change label or print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite | | | | | | | 91 | : 1799707 | |
| | | | | | | | | E Telepho | ine number | |
| | utial re | | type See | P O Box 671765 | | | | (907) | 688-4085 | |
| | ermina ermina | | Specific Instruc- | City or town, state or country, and ZIP + 4- | - | | | | - | |
| | | tea d return | tions. | Chugiak, Ak 99567 | | | | G Gross re | ceipts \$ 187596 | |
| | | | F Nan | ne and address of principal officer | | | M(n) In this | a croup return | for affiliates? Yes V No | |
| A | pplication | on pending | 1 | | | | H(b) Am | a group recum | ncluded? Tyes No | |
| | Tay-ay | empt status | · 1715 | 601(c) () ◄ (insert no.) | 527 | | | | list (see instructions) | |
| | | | , N. | or (c) () 4 (msert no.) 1 4547(b)(1) 61 | 02. | | 1 | exemption nur | | |
| | Websi | | Пс | oration ☐ Trust ☐ Association ☑ Other ▶ | I Year | r of formation | | | legal domicile | |
| | _ | | | oration Ed Trust Ed Association del Other | | 0. 10111131211 | | | | |
| - 6 | | Summ | | | | People | helping r | ennle | | |
| | 1 | Briefly de | escnbe | the organization's mission or most signi | ficant activities | 3: Feople | ileibilig k | eopie | | |
| Φ | | | | | | | | | | |
| JIC. | | | | | | | | | | |
| Ë | | | | | | | | | | |
| Activities & Governance | 2 | Check this | s box 🕨 | If the organization discontinued its operations of | or disposed of more | e than 25% o | fits net ass | ets. | | |
| 9 | 3 | Number | of votir | ng members of the governing body (Part | VI, line 1a). | | | . 3 | 9 | |
| 8 | 4 | Number | of inde | pendent voting members of the governir | ng body (Part V | /I, line 1b) | | . 4 | 220 | |
| <u> </u> | | | | f employees (Part V, line 2a) | | | | . 5 | 11 | |
| Act. | | | | f volunteers (estimate if necessary) | | | | . 6 | 23 | |
| _ | | | | elated business revenue from Part VIII, co | olumn (C), line | 12. | | . 7a | | |
| | ь | Net unre | lated b | usiness taxable income from Form 990-1 | r. tine 34. | | | . 7b | | |
| _ | | | | | | | Prior Y | ear | Current Year | |
| | 8 | Contribu | tions at | nd grants (Part VIII line 1h) | | | | 8060 | 8125 | |
| ş | | | | | | | | | | |
| Revenue | | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | | | |
| æ | | | | Part VIII, column (A), lines 5, 6d, 8c, 9c. | | | | 214692 | 179471 | |
| | 12 | Total reve | anue a | dd lings 8 throngty 12 louist sough Part VIII | column (A) line | | | 222752 | 187596 | |
| _ | 12 | - TOTAL TEVE | | lar amounts pain Parl | 7 . 0 | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | |
| | 13 | Grants a | nd simi | liar amounts part the amounts of the | ie s 1-3; | · · · | | | · · · · · · · · · · · · · · · · · · · | |
| ø | 14 | Benefits | paid to | or to members IPER Ebylin Wood | 81) | : :. | | 94340 | 80079 | |
| Expenses | 15 | Salaries, other compensation, an physical bare (3) (A), lines 5-10) Professional fundraising fles (Part IX, column (A), (14, 5) e) Total fundraising expenses (Part IX, column (D), in 25) (Q). Other expenses (Part IX, column (A), imagin (P), in 25) | | | | | | 94340 | 60079 | |
| 8 | 16a | Profession | onal fun | idraising ides (Part IX, columndA) (intent) | Λ | · · | | ···· | | |
| ũ | b | Total fun | draising | expenses (Part X) column (D), line 25) | Q.L | | | 400504 | 0.4400 | |
| | 17 | Other ex | penses | 102531 | 84469 | | | | | |
| | 18 | Total exp | penses. | . Add lines (3-17 (must edual Pad IX, co | olumîn (A), line : | 25) | | 196871 | 164548 | |
| | 19 | Revenue | less ex | penses. Subtract line 18 from time 12 . | | | | 25881 | 23048 | |
| at Assets or a | | | | | | Be | ginning of C | urrent Year | End of Year | |
| sot | 20 | Total ass | sets (Pa | art X, line 16) | | 🖵 | | 66496 | 89544 | |
| 4 A B | 21 | Total liat | bilities (| Part X, Ijne 26) | | | | | | |
| ž <u>ž</u> | 22 | Net asse | ets or fu | und balances. Subtract line 21 from line | <u> 20 </u> | <u> </u> | | 66496 | 89544 | |
| Pa | ırt II | | ature | | | | | | | |
| | | Under pe | enalties | perury, I declare that I have examined this return, is | ncluding accompan | nying schedule | es and state | ments, and t | o the best of my knowledg | |
| | | and belie | ef. It IS | e forect and complete Declaration of preparer (c | uner than officer) is | s pased on all | intermation | or which by | coarey has any knowledge | |
| Sig | ın | | אער | / fe | | | | <i>3//</i> | //// | |
| Here | | Sign | natycre di | officer CO CO CO | | | Dat | le | | |
| | | | 1 | AMESO STEWART | MICASC | IL GIL | | | | |
| | | Тур | e or print | name and title | | | | | | |
| | | Proparer | ·'e | | Date | Chec | k if | Preparer's i | dentifying number | |
| n | | signature | | \frown , λ | _ | self- | oyed 🕨 🔲 | (see instruc | | |
| Paid | | | (| Xanut Hansen | <i>f</i> | | -, · - | | | |
| • | arer's | j Firm's na | ame (or y | ours K Street Accounting, Inc. | | | EIN | ▶ 91 : | 0170198 | |
| Use | Only | ıi self-en | noloyed), and ZIP | A direct Accounting, inc. | 99524 | | | o. ► (907 | | |
| 640 | tho | | | s return with the preparer shown above? | | | Leuone n | U. F \ 301 | . Yes No | |
| ivid | י נוופ | טפוט פרוו | USS IIIIS | s return with the biebater shown above? | Tage menneno | no) | | | . L TES VINO | |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

| Par | Statement of Program Service Accomplishments |
|------------|--|
| 1 | Briefly describe the organization's mission: people helping people |
| | *************************************** |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on |
| _ | the prior Form 990 or 990-EZ? |
| | if "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| | allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$39925 including grants of \$ NONE.) (Revenue \$31608.) Gaming activities - sale of pull tabs for the benefit of charities |
| | |
| | *************************************** |
| | *************************************** |
| | *************************************** |
| | *************************************** |
| | |
| | 4 |
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| | |
| | |
| 4b | (Code:) (Expenses \$ 319 including grants of \$ NONE) (Revenue \$ 8125) Membership dues - direct public support |
| | |
| | *************************************** |
| | *************************************** |
| | *************************************** |
| | *************************************** |
| | |
| | *************************************** |
| | *************************************** |
| | *************************************** |
| | 450000 |
| 4 C | (Code:) (Expenses \$158866 including grants of \$NONE) (Revenue \$256700) Bar operations |
| | *************************************** |
| | |
| | *************************************** |
| | *************************************** |
| | |
| | |
| | |
| | *************************************** |
| | |
| | Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) |
| | Total program service expenses ▶ |

91-1799707

| Par | The Checklist of Required Schedules | | | |
|-----|---|-----|----------|----------|
| | | | Yes | No |
| 1 | is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | 1 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | <u> </u> |
| 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 | | ✓ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | √ |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5_ | | 1 |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where 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 | | ✓ |
| 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 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. | 8 | | 1 |
| 9 | Did the organization report an amount in Part X, line 21; 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 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. | 10 | | 1 |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | | 1 |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | | | |
| • | 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. | | | |
| • | 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. | | | |
| • | 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. | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| • | 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? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. | 12 | | 1 |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | <u> </u> | 1 |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | 1 |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. | 15 | | 1 |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | <u>/</u> |
| 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 | 17 | | 1 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | ✓ |
| 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 | 1 | |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | [✓ |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|----------|--|------------|-----|----|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | _ | 1 |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | / |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | 1 |
| | 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 25 | 24a | | 1 |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | 1 |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 24d 25a | | 1 |
| 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 | | 1 |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III. | 27 | | 1 |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | 1 |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | / |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 29 30 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | 1 |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | 1 |
| 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 | | 1 |
| 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 | | / |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | 1 | |

| Par | Statements Regarding Other IRS Filings and Tax Compliance | | | | |
|------------|--|------------|----------|----------|--|
| | | | Yes | No | |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | | |
| | U.S. Information Returns. Enter -0- if not applicable | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | | |
| | and the second state is a second state of the | 1c | 1 | | |
| 20 | 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | 1 | | |
| • | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | | | | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | 3a | - | ✓ | |
| | this return? | 3b | | | |
| 42 | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | | |
| 70 | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | 1 | |
| ь. | If "Yes," enter the name of the foreign country: ▶ | | | | |
| U | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank | | | | |
| | and Financial Accounts. | - | - | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | V | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | 5c | | | |
| | Prohibited Tax Shelter Transaction? | | | | |
| 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? | 6a | | ✓ | |
| 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). | į i | | | |
| 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 | <u> </u> | / | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | 1 | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | 1 | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | <u> </u> | Ý | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . | 7 <u>g</u> | <u> </u> | ✓ | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | 1 | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | 1 | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | / | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | 1 | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | 1 | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | 1 | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0 | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | l | |
| 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.) | | | | |
| | The state of the s | 12a | | ✓ | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b | | | | |

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec | tion A. Governing Body and Management | | | |
|-----|---|---------|----------|--|
| | 1 1 | | Yes | No |
| 1a | Enter the number of voting members of the governing body | | | |
| b | Enter the number of voting members that are independent | | | |
| 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 | - | 1 |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | _ |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | ✓ |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | ✓ |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | √ |
| 6 | Does the organization have members or stockholders? | 6 | 1 | |
| | Does the organization have members, stockholders, or other persons who may elect one or more members | | | |
| | of the governing body? | 7a | V | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | ✓ | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | Ì | | |
| _ | the year by the following: | - | _ | |
| a | The governing body? | 8a | / | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | \ | |
| 9 | ts 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 in Schedule O | 9a | | \ |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Inter- | emai | | |
| Rev | enue Code.) | | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | ✓ |
| ь | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | <u> </u> |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | | | |
| | form? | 11 | ✓ | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | ✓ |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | | |
| C | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | \ |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | \ | |
| 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? | | 4 | ١, |
| a | The organization's CEO, Executive Director, or top management official | 15a | | ✓ |
| b | Other officers or key employees of the organization | 15b | | \ |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | ٠.٠ | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | . : : | |
| | with a taxable entity during the year? | 16a | | \ |
| ь | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | - 1 | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | :. | |
| | the organization's exempt status with respect to such arrangements? | 16b | | ✓ |
| Sec | ction C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ Utah | ••••• | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c | :)(3)s | only) | |
| | available for public inspection. Indicate how you make these available. Check all that apply. | | | |
| | Own website Another's website Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict | of inte | erest | |
| | policy, and financial statements available to the public. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and reco | rds of | the | |
| | organization: ▶ Fraternal Order of Eagles AERIE 4174, P O Box 671765, Chuglak, Ak 99567, 907-688-408 | 5 | | |

Page 7

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees: highest compensated employees; and former such persons.

| ☐ Check this box if the organization did not co | mpensate | any o | nux | ent | offi | cer, d | irec | tor, or trustee. | | ······································ |
|---|------------------------------|-----------------------------------|-----------------------|---------|----------------|---------------------------------|--------|---|--|---|
| (A) | (B) | | | • | | | | (D) | (E) | (F) |
| Name and Title | Average hours per week | Individual trustee or director | institutional trustee | Officer | a Key employee | Highest compensated an employee | Former | Reportable compensation from the crganization (W-2/1089-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and retated organizations |
| Greg Wilkins | | | 8 | _ | _ | ated | - | | | <u> </u> |
| President | 4 | | | 1 | L | | | NONE | NONE | NONE |
| James D Stewart Chaplain | 4 | | | 1 | | | | NONE | NONE | NONE |
| Ted Williams Secretary | 4 | | | 1 | | | _ | NONE | NONE | NONE |
| Bud Jackson Treasurer | 4 | | | 1 | | | | NONE | NONE | NONE |
| Richard Brekeitreuts Inside Guard | 4 | | | 1 | | <u> </u> | | NONE | NONE | NONE |
| Ed Barnum Trustee | 6 | 1 | | | | | | NONE | NONE | NONE |
| David Leir Trustee | 6 | 1 | | | | | | NONE | NONE | NONE |
| Steve Arnold Trustee | 6 | 1 | | | | | | NONE | NONE | NONE |
| Paul Wool Trustee | 6 | / | | L | | | | NONE | NONE | NONE |
| | | | _ | | | | | | | |
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| Part VII Section A. Officers, Directors, Tru | stees, Key | Emp | loy | 9 98, | , an | d Hig | hes | t Compensate | d Employees (c | ontinued) |
|---|------------------------------|-----------------------------------|-----------------------|------------------|--------------|---------------------------------|----------|----------------------------------|---|---|
| (A) | (B) | | | • | C) | | | (D) | (E) | (F) |
| Name and title | Average hours per week | 200 | | | | | Former | Reportable compensation from the | Reportable compensation from related organizations | Estimated amount of other compensation |
| | | Individual trustee or director | Institutional trustee | | Key employee | Highest compensated employee | | organization (W-2/1089-MISC) | (W-2/1099-MISC | from the organization and related organizations |
| N/A | "=" | | | | | | | | | - |
| •••••• | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Total | not limited | to th | ose | list | ed : | above | <u>▶</u> | ho received m | ore than \$100, | |
| reportable compensation from the organiza | ation > | | | | | | | | | |
| 3 Did the organization list any former office | er, director | or tn | uste | e, l | key | empl | oye | e, or highest o | compensated | Yes No |
| employee on line 1a? If "Yes," complete S 4 For any individual listed on line 1a, is the s | | | | | | | and | d other compe | nsation from | 3 1 |
| the organization and related organizations individual. | | | | | | | | | | 4 1 |
| 5 Did any person listed on line 1a receive services rendered to the organization? If " | or accrue Yes," comp | comp plete | oen Sch | sati edu | on i de J | from <i>I for</i> s | any | unrelated org | anization for | 5 / |
| Section B. Independent Contractors | <u></u> | | | | | | | | | |
| Complete this table for your five highest or compensation from the organization. | ompensate | id ind | epe | ende | ent d | contra | icto | rs that receive | d more than \$ | 100,000 of |
| (A) Name and business add | tress | | | | | | | (B) Description of s | ervices | (C) Compensation |
| n/a | | | | | | | - | | | |
| | | | | | | | 一 | | | ···· |
| | | | | | _ | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent contractors (i more than \$100,000 in compensation from | | | | | | | liste | ed above) who | received | |

d All other revenue . . . e Total. Add lines 11a-11d Total revenue. See instructions.

Form 990 (2009) Page 9 Statement of Revenue Part VIII (B) Related or (C) (D) Revenue excluded from tax Total revenue Unrelated exempt business under sections 512, 513 or 514 revenue 1a 1a Federated campaigns . . 8125 1b b Membership dues 1c c Fundraising events . . Contributions, gift and other similar 1d d Related organizations 1e e Government grants (contributions). f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f. S Total. Add lines 1a-1f **Business Code** Program Service Revenue All other program service revenue Total. Add lines 2a-2f . Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds Royalties (i) Real 6a Gross Rents . . b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) \triangleright (i) Securities (ii) Other 7a Gross arrount from sales of assets other than inventory b Less: cost or other basis and sales expenses . c Gain or (loss) d Net gain or (loss) . . 8a Gross income from fundraising Other Revenue events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses . c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 253347 239748 b Less: direct expenses. c Net income or (loss) from gaming activities_ 13599 10a Gross sales of inventory. less 256700 returns and allowances a 90828 b Less: cost of goods sold . . c Net income or (loss) from sales of inventory. \blacktriangleright 165872 Miscellaneous Revenue Business Code

187596

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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) but are not required to complete columns (B), (C), and (D). (C) Management and (D) (B) Do not include amounts reported on lines 6b, Fundraising Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses excenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 80079 80079 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . Other employee benefits 9 Payroll taxes 10 11 Fees for services (non-employees): **b** Legal 2122 2122 c Accounting . . e Professional fundraising services. See Part IV, line 17 f Investment management fees . 280 g Other . GAMING TAXES/LICENSES 446 166 Advertising and promotion 12 496 496 13 Office expenses . . . Information technology TELEPHONE 2584 2584 14 Royalties 15 55785 55785 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 250 250 19 Conferences, conventions, and meetings . Payments to affiliates 21 Depreciation, depletion, and amortization, 5072 1268 3804 Insurance Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) BANK/CREDIT CARD FEES 1858 1858 SUPPLIES BAR/GAMING 9235 673 8562 EQUIPMENT REPAIR/MAINT 3345 648 2697 d EQUIPMENT RENTAL 2958 2609 349 e MEMBERSHIP SUPPLIES 318 318 All other expenses 158866 Total functional expenses. Add lines 1 through 24f 164548 5682 Joint costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Page 11

| Part > | Balance Sheet | | | |
|------------------------|--|---------------------------------------|----------------|---------------------------------------|
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash—non-interest-bearing | 66496 | 1 | 24544 |
| 2 | | | 2 | |
| 3 | • | | 3 | |
| 4 | - · · · · · · · · · · · · · · · · · · · | | 4 | |
| 5 | | | | |
| | employees, and highest compensated employees. Complete Part II of Schedule L | | 5 ⁻ | |
| 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| 왕 7 | Notes and loans receivable, net | | 7 | |
| Assets | | | 8 | · |
| و (۶ | | | 9 | |
| 10 | other basis. Complete Part VI of Schedule D | , | | |
| - 1 | b Less: accumulated depreciation | 65000 | | 65000 |
| 11 | · · · · · · · · · · · · · · · · · · · | | 11 | |
| 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| 14 | | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 131496 | $\overline{}$ | 89544 |
| 17 | Accounts payable and accrued expenses | | 17 | |
| 18 | Grants payable | | 18 | |
| 19 | Deferred revenue | | 19 | |
| 20 | Tax-exempt bond liabilities | | 20 | |
| <u>8</u> 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | · · · · · · · · · · · · · · · · · · · | 21 | |
| Liabilities 52 | | | | |
| 흲 | employees, highest compensated employees, and disqualified | - | | • |
| -1 | persons. Complete Part II of Schedule L | | 22 | |
| 23 | | | 23 | |
| 24 | The state of the s | | 24 | · · · · · · · · · · · · · · · · · · · |
| 25 | | | 25 | |
| 26 | | | 26 | |
| salances 27 | Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34. | | | |
| [27 | Unrestricted net assets | | 27 | |
| m 28 | Temporarily restricted net assets | | 28 | |
| 29 29 | | | 29 | |
| 5 | Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. | | | |
| हैं 30 | Capital stock or trust principal, or current funds | | 30 | |
| g 31 | Paid-in or capital surplus, or land, building, or equipment fund | 65000 | 31 | 65000 |
| Net Assets 33 33 33 33 | | 66496 | 32 | 24544 |
| 2 33 | Total net assets or fund balances | | 33 | |
| 34 | Total liabilities and net assets/fund balances | 131496 | 34 | 89544 |

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| Pai | t XI Financial Statements and Reporting | | | |
|-----|--|----|-----|----------|
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | ✓ |
| | Were the organization's financial statements audited by an independent accountant? | 2b | | / |
| | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| 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 | | <u> </u> |
| 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 in Schedule O and describe any steps taken to undergo such audits. | 3ь | | |

| Fraternal Order of E | Eagles AERIE 4174 | | 91-1799707 |
|--|--|-----------------------------|-------------------------|
| Form 990 | income and Cost of Good | s Sold | Statement 1 |
| 1 Gross R 2 Returns 3 Line 1 le | & Allowances | 256,700.29 | 256,700.29 |
| 4 Cost of 5 Gross P | Goods Sold Total Cost of Goods Sold Profit | 90,828.28 | 90,828.28 165,872.01 |
| 7 Purchas 8 Cost of | y at beginning of year ses | 17,005.92 90,628.28 - | |
| 10 Other C 11 Add Lind 12 Inventor | osts | 16,805.92 | 107,634.20 90,828.28 |

Schedule O

Governing documents and Form 990 with related schedules are available upon request by membership, (non-governing) and the public as required

Voting rights are the same for the governing body and membership