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Department of the Treasury Internal Revenue Service

Short Form

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)

Sponsoring organizations of donor dovised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

B Creek of applicable Additional content Additional content	A	F	or the 2011 ca	elendar year, or tax year beginning $\sqrt{\mathcal{WC}}$, 201 $m{\mathbb{Q}}$ and ending $-/\mathbf{Q}$	<u>au</u>	1	2011
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normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required instructions). But if the organization chooses to file a return, be sure to file a complete return. Add Imes 5b, 6c, and 7b, 10 Ime 9 to determine gross receipts If gross receipts are \$200,000 or more, file from 990 instead of Form 990-EZ. Part	- K				nızatıc	n and its i	aross receints are
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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 27,859.		- }	c Gross pro	ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
10 Grants and similar amounts paid (list in Schedule O) See L-10 Stmt 1 2,185. 11 Benefits paid to or for members 1 2,185. 12 Salaries, other compensation, and employee benefits 1 2 13 Professional fees and other payments to independent contractors 1 3 2,375. 14 Occupancy, rent, utilities, and maintenance 1 4 229. 15 Printing, publications, postage, and shipping 1 5 882. 16 Other expenses (describe in Schedule O) See Form 990-EZ, Pad Lune 16 Other Expenses 16 3,522. 17 Total expenses. Add lines 10 through 16 17 14,529. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -668. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 28,527. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 27,859.		ı	8 Other rev	venue (describe in Schedule O)		. 8	
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 27, 859.	_		9 Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		.▶ 9	13,861.
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at end of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 12 13 14 15 16 17 18 18 19 19 10 10 10 11 11 11 12 13 14 15 16 17 18 18 18 19 18 19 19 10 10 10 10 11 11 11 11			10 Grants a	nd similar amounts paid (list in Schedule O) See .L-10 . Stmt		10	
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 27, 859.			11 Benefits	paid to or for members		11	2,185.
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 27, 859.		E	12 Salaries,	other compensation, and employee benefits		12	
Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 15 882. 3,522. 16 3,522. 17 14,529. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -668. 28,527. 20 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 21 27,859.		ÊΙ	13 Profession	onal fees and other payments to independent contractors		13	2,375.
21 Net assets or fund balances at end of year Combine lines 18 through 20	312	אַ פֿ	14 Occupan	cy, rent, utilities, and maintenance		. 14	229.
21 Net assets or fund balances at end of year Combine lines 18 through 20	7	Ē				. 15	882.
21 Net assets or fund balances at end of year Combine lines 18 through 20	~	•	16 Other ex	penses (describe in Schedule O)	Other Expe	enses 16	3,522.
21 Net assets or fund balances at end of year Combine lines 18 through 20	0			·		▶ 17	
21 Net assets or fund balances at end of year Combine lines 18 through 20	\geq	_				18	
21 Net assets or fund balances at end of year Combine lines 18 through 20	\geq	Ą			of-ves	, [
21 Net assets or fund balances at end of year Combine lines 18 through 20	7	S			oi-yea	19	28,527.
21 Net assets or fund balances at end of year Combine lines 18 through 20	ø	Ę				. 20	
	0	S					27,859.
		BAA	For Paperwo	ork Reduction Act Notice, see the separate instructions.		·	

Rar	Balance Sheets. (see the Inst Check if the organization used Sched		tion in this Part II			
	Check if the organization used Sched	idio o to respond to any ques	T T T T T T T T T T T T T T T T T T T	(A) Beginning of year	r	(B) End of year
22	Cash, savings, and investments			28,527.		27,859.
<u></u>	Land and buildings		[0.	_	0.
24	Other assets (describe in Schedule O) .		[0.	-	0.
25	Total assets			28,527.	_	27,859.
	Total liabilities (describe in Schedule O)		[0.		0.
27		olumn (B) must agree with lir	ne 21)	28,527	. 27	27,859.
Par	Statement of Program Serv				/Rea	Expenses uired for section
\4/b-a4	Check if the organization used Sch s the organization's primary exempt purpose? fr		estion in this Part III		501(c)(3) and 501(c)(4)
wnat i Desc	ribe the organization's primary exempt purpose. It is	complishments for each of its	three largest progra	m services, as		nızatıons and section (a)(1) trusts; optional
meas	ribe the organization's program service ac sured by expenses in a clear and concise fited, and other relevant information for ea	mariner, describe the service ich program title	s provided, the num	ber of persons	for o	thers.)
28	Helped 15 local residents with m	edical expenses. 2 with	h medical travel	, 2 with funeral		
	expenses, 1 class trip do	onation, 2 school	teams' trave	l expenses,		
	1 local fitness scholarsh	nip and 1 education	nal scholars	hip		
		s amount includes foreign gra			28 a	5,336.
29						
		- 				
	(Grants \$) If the	s amount includes foreign gra	ants, check here	•	29 a	
30						
		_				
					20 -	
~*		s amount includes foreign gra	ants, cneck nere	·	30 a	
31	Other program services (describe in Sche (Grants \$) If the	edule O) is amount includes foreign gra	onte check here		31 a	
33	Total program service expenses (add lin		ilis, check here		32	5,336.
Par	NIVE List of Officers, Directors,	Trustees, and Key Emp	lovees. List each one	e even if not compensated. (
(CF)(CF)	Check if the organization used Sch					. 1
		(b) Title and average hours per week	(c) Reportable compensa (Form W-2/1099-MISC	tion (d) Health benefits contributions to empl		(e) Estimated amount of other compensation
	(a) Name and address	devoted to position	(If not paid, enter -0-)	benefit plans, and	ď	
				deferred compensat	ton	
	Rappleye	President				
	Box 576 AK 99840	5.00		0.	0.	0.
	agway, AK 99840 Litie DeMArk	3.00		<u> </u>		· ·
	Box 4	Vice President				
	agway AK 99840	0.50		0.	0.	0.
	nnifer Castle					·
	Box 89	Secretary				
Ska	agway, AK 99840	10.00	1,50	0.	0.	0.
	eryl_Gladden					
	Box 571	Treasurer/Gaming Chair		_	^	
	agway AK 99840	10.00	87	3.	0.	0.
	rgeaux Ljungberg	Trustee				
	Box 273 AK 99840	1.00		0.	ο.	0.
Eli	izabeth Burnham	1:00		·	<u> </u>	<u> </u>
	Box 342	Trustee				<u> </u>
	agway, AK 99840	1.00		0.	0.	0.
	cy Kern					
	Box 726	Trustee				
	agway AK 99840	1.00		0.	0.	0.
						1
						İ
			ļ			-
			Ì	1		
-						
BAA		TEE 40812 C	2014/12			Form 990-EZ (2011)

Form 990-EZ (2011) Fraternal Order of Eagles #25 - Ladies Auxiliary 23-7592716 Page 2

Form	990-EZ (2011) Fraternal Order of Eagles #25 - Ladies Auxiliary 23-759271	6	P	age 3
Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		<u>x</u>
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 Ь		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		x
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities		!	ļ
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ►; section 4912 ►; section 4955 ►			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		
•	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
•	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	-	х
41	List the states with which a copy of this return is filed >			
42.	n The organization's			
42	books are in care of ► Sheryl Gladden, Treasurer Telephone no. ► (907)	973	-20!	59
	Located at ► PO Box 571 Skagway AK ZIP+4 ► 99840	,		r
1	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	r	Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If 'Yes,' enter the name of the foreign country: ►			
	Out to the form the second fire and fire the fire TD F 00 22.1 Departs of Fernand Proposited Assessment			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c		x
,	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country.	420		ΙΛ.
	If 'Yes,' enter the name of the foreign country'			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year		ш	
			Yes	No
44	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		х
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed		1	
	instead of Form 990-EZ	44b	┼—	X
	c Did the organization receive any payments for indoor tanning services during the year?	-440	 	 ^ -
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d	1	1
45	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	+	Х

| 45b | X Form 990-EZ (2011)

Form 990 -	EZ (2011) Fraternal Order of	Eagles #25 - 1	<u>Ladies Auxiliar</u>	<u>23-7592</u>	2716	F	Page 4
,	• • •					Yes	No
46 Did	the organization engage, directly or indirectly didates for public office? If 'Yes,' complete	tly, in political campaigi	n activities on behalf of	or in opposition to	46		X
Part VI	Section 501(c)(3) organizations					ction	<u> </u>
I dit VI	501(c)(3) organizations and sec	tion 4947(a)(1) nor	nexempt charitable	trusts must answer	question	is	
	47-49b and 52, and complete the	e tables for lines 5	60 and 51.				
	Check if the organization used Schedule	O to respond to any q	uestion in this Part VI		•		. 🗇
						Yes	No
47 Did	the organization engage in lobbying activiti plete Schedule C, Part II		11(h) election in effect di	uring the tax year? If 'Yes	47		
	ne organization a school as described in se	• •	· · · · · · · · · · · · · · · · · · ·	ıle F	48		
	the organization make any transfers to an				. 49a		
	es,' was the related organization a section	•			. 49b		
	nplete this table for the organization's five holoyees) who each received more than \$100	-	nployees (other than offi	cers, directors, trustees	and key	<u></u>	
emp	loyees) who each received more than \$100	0,000 of compensation 1	from the organization If	there is none, enter 'Non	e'		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
							
			-				
- T-4-	January of other completes and over \$1	00.000	<u>l</u>				
	al number of other employees paid over \$1 aplete this table for the organization's five l		dependent contractors w	the each received more th	222 \$ 100 (nnn af	
com	pensation from the organization of there is	none, enter 'None.'	dependent contractors w	Tho each received more to	ıан ф100,		
(a)	Name and address of each independent contractor paid	more than \$100,000	(b) Type	of service	(c) Com	pensatio	n
			Ī.				
		- -	4				
-			-				
•		·					
			1				
e Tota	al number of other independent contractors	each receiving over \$1	00,000				
52 Did	the organization complete Schedule A? No	te: All section 501(c)(3) organizations and 494	7(a)(1) nonexempt			
	ritable trusts must attach a completed Scho		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	► Yes	5 2	X No
Under penali true, correct,	ties of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than office	including accompanying sched in is based on all information of	dules and statements, and to the of which preparer has any knowle	e best of my knowledge and belie edge	t, it is		
	80	Delad	den	05/15/12			
Sign Here	Signature of officer	. S		Date	T0	_	
Here	Su-Rappleye Number 1	ad dun		Madam President	1 Klaz	wre	<u>r</u>
	Type or print name and title Print/Type preparer's name	Prepater's signature	Date	. Charle V . PT	N		
	SA. P. COLLAR	The Tayon	11/1-			17	
Paid Preparer	Firm's name RAPPIEYE'S 'RIT	HMETIC	M. 1 3/12	self-employed PC	057474	т	
Preparer Use Only	Firm's name RAPPDEYE'S 'R13 Firm's address 567 10TH AVE	AIRIEI I C		Firm's EIN	92-0145	5982	
,	SKAGWAY	<u> </u>	AK 99840	Phone no (907			4
Mav the I	RS discuss this return with the preparer sh	own above? See instruc		,	► Yes	_	No
	The state of the s				Form 99		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 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. ► See separate instructions.

Open to Public Inspection

lame	of the organization					Employer identifica	tion number
Fra	ternal Order of Eagle	s #25 - L	adies <i>i</i>	Auxilia	ry	23-759271	6
Par		ete if the organ	ization ans	swered 'Ye	s' to Form 990, Part IV,	, line 17.	
1		·	·		ving activities Check al	Il that apply	
a			,	е	Solicitation of non-	· · ·	
	F=4			_			
b	H	•		f	Solicitation of gove	_	
С	Phone solicitations			g	Special fundraising	events	
d							
2a	Did the organization have a written	or oral agreen	nent with a	ny individu	al (including officers, d	rectors, trustees or key	
	employees listed in Form 990, Part				_		. Yes No
b	If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	dıvıduals or entı e organızatıon.	ities (fundr	aisers) pui	rsuant to agreements ur	nder which the fundraise	er is to be
(i)	Name and address of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
	or entity (fundraiser)			dy or control	from activity	(or retained by)	(or retained by)
			or contr	ibutions?		fundraiser listed in column (i)	organization
			Yes	No			
1							
2	.						
3							
			 	 			
4			ļ				
5							
6							
7							
8							
9							,
10			 				
			1				
Fota l	l			>			
	List all states in which the organiza or licensing	ation is register	ed or licen	sed to soli	cit contributions or has	been notified it is exem	pt from registration
						· - 	
						. 	
						. 	
							
						- -	

		G (Form 990 or 990-EZ) 2011 Fratern				
Par	t II	Fundraising Events. Complete if more than \$15,000 of fundraising	the organization a event contribution	nswered 'Yes' to For is and gross income	rm 990, Part IV, lin on Form 990-EZ. I	e 18, or reported ines 1 and 6b.
		List events with gross receipts gre	eater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
R E V			(event type)	(event type)	(total number)	u rough column (c))
REVENUE	1	Gross receipts				
E	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
D	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
X P F	8	Entertainment	-			
EXPENSES	9	Other direct expenses				
S	10	Direct expense summary. Add lines 4 thre	ough 9 in column (d) .		►	
D -	11	Net income summary Combine line 3, co			•	
Pai	τIII	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	es' to Form 990, Pari	IV, line 19, or repo	orted more than
_			(a) Bingo	(b) Puil tabs/Instant	(c) Other gaming	(d) Total gaming
REVENUE			(- , 2g	bingo/progressive bingo	(-)	(add column (a) through column (c))
Ü E	1	Gross revenue		38,976.	1,379.	40,355.
Ε	2	Cash prizes .		31,311.	126.	31,437.
DIRESE	3	Non-cash prizes				<u>-</u>
Č S T E S	4	Rent/facility costs				
	5	Other direct expenses		1,996.	247.	2,243.
	6	Volunteer labor	Yes %	Yes %	X Yes 100.00% No	4
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		-	33,680.
	8	Net gaming income summary. Combine l	ines 1, column (d) and	line 7	.	6,675.
9	Ent	er the state(s) in which the organization op	erates gamina activitie	s [.] Alaska		
	alsti	he organization licensed to operate gaming	activities in each of th	ese states?		X Yes No
		re any of the organization's gaming license	•	-	-	Yes X No

Schedule **G** (Form 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011 Fraternal Order of Eagles #25 - Ladies Auxiliary 23-	-7592	716	Page 3
11 Does the organization operate gaming activities with nonmembers?		Yes	X No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed administer charitable gaming?	i to	Yes	X No
13 Indicate the percentage of gaming activity operated in. a The organization's facility	13a	10	0.00%
b An outside facility .	13b		8
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec Name ► Sheryl Gladden	cords:		
Address ► PO Box 571 Skagway, AK 99840			
 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and the of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party 		Yes	X No
Name •			1
Address ►			
16 Gaming manager information			
Name ► Sheryl_Gladden			
Gaming manager compensation ► \$0.			
Description of services provided gaming_oversight			
X Director/officer Employee Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain state gaming license?		X Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or specific organization's own exempt activities during the tax year ▶ \$ 0.	it in the	;	
Partive Supplemental Information. Complete this part to provide the explanations required to columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applications this part to provide any additional information (see instructions).	y Par ble. A	t I, line 2 Iso comp	2b, plete
	<u>- </u>	 	
		- 	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number Name of the organization 23-7592716 Fraternal Order of Eagles #25 - Ladies Auxiliary Part 1, Line 10 = \$5,336Scholarship for Emily Herbig - 500 Skagway School Robotics Team - 100 Billi Clem -medical expenses - 250 Helga Davis -medical expenses - 250 Candace Cahill -class expenses - 100 Skagway School DDF Team - 100 Skagway Recreation Center ___ - 250 Virginia Long house fire - 250 Angelia Cremata medical exp - 250 Miranda Massey medical exp -250 Ken Nalan trave/funeral exp - 250 Laura Mabee medical exp - 250 Red Henricksen medical exp - 250 Nicole Dorn- kids' medical exp - 286 Tim Forester medical exp ___ - 250 SDC Denny Nyhagen medical exp - 250 Raymie Eatough for Hauge travel - 250 Ken Nalan medical exp - 250 David Papke medical expenses - 100 Elisabeth Albecker funeral exp - 100 Ann Elmer medical exp ____ - 250 Angelia Cremata financial assist - 250 - 100 Blake Fletcher senior trip Skagway Senior Center donation - 200

Fraternal Order	Fraternal Order of Eagles #25 - Ladies Auxiliary 23-7592716				
		90 or 990-EZ), Supplemental Informati Line 16 Other Expenses	on to	Form 990 or 990-EZ	
Other expenses (describe in Schedule O) 3 delegates to state convention 1,425. Cinco de Mayo (events) 97. Auxiliary Birthday 2,000. Total 3,522.					
Schedule G (For Part III, Line 17a		90 or 990EZ), Part IV Supplemental In	nform	ation	
Sta Alaska	te Na	ame Amount 0.	•		
		90 or 990-EZ), Supplemental Informati Line 10 Grants and Similar Amounts			
Purpose of Payr	nent	assistance			
Class of Activi	ty	Grantee's Name and Address		Grantee's Relationship	Amount Given
donations		Business Person various	х	none	
		Skagway AK 99	840		5,336.
If property other Description of P Date of Gift		n cash was given, the following addition	nal ır	nformation needs to be p	rovided:
Book Value		How Book V	/alue	Determined	
FMV		How FM	V Def	termined	

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
secretary gratuity	1,500.
treasurer gratuity	875.
Total	2,375.

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
bank charges	48.
bonding	181.
Total	229.

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
postage and delivery	392.
office supplies	490.
Total	882.