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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)

OMB No 1545-0047

Open to Public

Yes

om **990** (20

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2011 calendar year, or tax year beginning and ending 6/1/2011 5/31/2012 D Employer identification number Check if applicable C Name of organization Fraternal Order of Eagles #1457 Doing Business As Address change 01-0061300 Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change Initial return 164 Water Street 207) 474-3466 City or town, state or country, and ZIP + 4 Terminated ME 04976 G Gross receipts \$ Skowhegan Amended return F Name and address of principal officer H(a) Is this a group return for affiliates? Application pending Clinton Ellis 17 Chandler Street, Skowhegan, ME 04976 H(b) Are all affiliates included? If "No," attach a list (see instructions) 501(c)(3) X 501(c) 4947(a)(1) or 527 ◀ (insert no) Tax-exempt status Website: ► N/A H(c) Group exemption number ▶ 0102 Х Corporation Trust Association Other > L Year of formation M State of legal domicile K Form of organization 1909 ME Part I Summary 1 Briefly describe the organization's mission or most significant activities The Fraternal Order of Eagles is an international non-profit organization uniting fraternally in the spirit of liberty, truth, Activities & Governance justice, and equality, to make human life more desirable by lessening its ills and promoting peace, prosperity, gladness and hope Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 8 6 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 4.993 6.749 Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, icolumn-(A), lines-3,-4, and-7d) 88 10 55 Other revenue (Part VIII, column (A) Rine 5-6d 85-96, 10c, and 11e) 11 113.484 112,543 12 Total revenue—add lines 8 through 11-(must-equal-Part-VIII, column (A), line 12) 118,565 119,347 Grants and similar amounts paid (Partity) column (എ)புline (ද්.၂) 13 4.130 5.460 Benefits paid to or for members Part IX, column (A), line 4), 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 20.934 23,709 16a Professional fundraising fees (Part(X), Column (A), Ilne 11e) Total fundraising expenses (Part-IX-column (D)-line 25). 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 94,536 88,299 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 119,600 117,468 19 Revenue less expenses Subtract line 18 from line 12 -1.0351,879 þ **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 168,958 170,191 2,495 21 Total liabilities (Part X, line 26) 1,849 22 Net assets or fund balances. Subtract line 21 from line 20 166,463 168,342 Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer, (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Date Secretary Here: Type or print name and title Print/Type preparer's name Date Preparer's signature PTIN Check Paid self-employed 4/8/2013 John Jordan John Jordan P01208636 Preparer ► John B Jordan, CPA, PA Firm's EIN ► 01-0494581 Firm's name Use Only Firm's address ▶ P O Box 607, Skowhegan, ME 04976 Phone no (207) 474-6610

(HTA)

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 9	990 (2011)	Fraternal Order of Eagles #1457	01-0061300	Page 2
_ Pa	irt III	Statement of Program Service Accomplishments	-	
		Check if Schedule O contains a response to any question in this Part III		. \square
1	Briefly d	escribe the organization's mission		
•		•		
				
	iraterna	ly in the spirit of liberty, truth, justice, and equality, to make human life more		,
	desirabi	e by lessening its ills and promoting peace, prosperity, gladness and hope		
2		organization undertake any significant program services during the year which were not listed on	_	_
	the prior	Form 990 or 990-EZ?	Yes	X No
	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	?	Yes	X No
		describe these changes on Schedule O		[X] 110
4		e the organization's program service accomplishments for each of its three largest program service	oc oc moccured	hu
-				
	aronto	s Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to rep	ort the amount of	
	grants a	nd allocations to others, the total expenses, and revenue, if any, for each program service reporte	∌ 0	
4a	(Code) (Expenses \$ 4,155 including grants of \$ 0) (Revenue	ıe \$	0)
	Lounge	room entertainment The operation of the lounge room benefitted over 1,100 members and		- .
	guests a	ind assisted in raising donations for the clubs charitable giving		
		••••••		
		•••••••••••••••••••••••••••••••••••••••		
41-	(O - d -	\(\(\(\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
4b	(Code) (Expenses \$ 1,517 including grants of \$ 0) (Revenu	e\$	0_)
	Donatio	ns to Max Baer Heart Fund The donation goes to the treatment of heart disease and to		
	lessen h	uman suffering		

4c	(Code) (Expenses \$ 3,943 including grants of \$ 0) (Revenu	e \$	0)
		ns to various public charities. These donations went to causes such as the local food		/
		d, Ice hockey boosters, Wrestling boosters, Make a Wish, Children's Miracle Network, and		
		families for disaster relief		
	Julious.	diffiled for disducer force		
		•••••••••••••••••••••••••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••		
		•••••		
		•••••		
		••••••	*******	
4d	Other pr	ogram services (Describe in Schedule O)		
	(Expens	- ,	0)	
4e		ogram service expenses > 9 615		

) Fraternal Order of Eagles #1457
Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		$\frac{\chi}{\chi}$
	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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	_5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u> </u>
	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	'		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	401		
42	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13 14a	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	-	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			 ^- -
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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, Parts II and IV	15		X
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, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	٠.٣		-^-
	If "Yes," complete Schedule G, Part III	19	Х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2011)

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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 any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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	, A	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Pa	or		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х

	was an onicer, director, trustee, or direct or indirect owner? If these, complete schedule L, Part IV
29	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

- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.
- Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 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
- 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
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - b 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
- 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
- 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
- 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

37		_X_
38	Х	

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29

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33

34

35a

35b

36

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Par	Statements Regarding Other IRS Filings and Tax Compliance		1	
	Check if Schedule O contains a response to any question in this Part V	• •	•	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	- 1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			—J
	gaming (gambling) winnings to prize winners?	1c		ļ
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 8	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
٥-	Note . If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
3a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		 ^-
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	155		<u> </u>
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		X
b	If "Yes," enter the name of the foreign country	1		
	See instructions for 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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			
	organization solicit any contributions that were not tax deductible?	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		<u> </u>
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		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├ ─
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1_]
_	required to file Form 8282?	7с		₩
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		 ^- -
g	If the organization received a contribution of qualified intellectual property, did the organization file 1 of the organization file a Form 1098-C?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
0	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	<u> </u>	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			\vdash
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]	İ	
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders . 11a	_		1
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)	 		<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		l	1

Is the organization licensed to issue qualified health plans in more than one state?

the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand .

Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Did the organization receive any payments for indoor tanning services during the tax year?

13a

14a

14b

13b

13c

Form 990 (2011) Fraternal Order of Eagles #1457 01-0061300 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. Check if Schedule O contains a response to any question in this Part VI....... Section A. Governing Body and Management

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	If there are material differences in voting rights among members of the governing body, or					ĺ
	if the governing body delegated broad authority to an executive committee or similar			1		ſ
	committee, explain in Schedule O					١.
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5			wayn'
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with				
	any other officer, director, trustee, or key employee?	,		2	X	
3	Did the organization delegate control over management duties customarily performed by or unc	ler the direct				
	supervision of officers, directors, or trustees, or key employees to a management company or of			3		Ιx
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v	•		4		X
5	Did the organization become aware during the year of a significant diversion of the organization			5		X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint				
	one or more members of the governing body?		-	7a	Х	l
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers.				$\overline{}$
	stockholders, or persons other than the governing body?	,	-	7ь	Х	ĺ
8	Did the organization contemporaneously document the meetings held or written actions undertain	ken durina	ν.		#X	10.
	the year by the following		S.	gei#		
а	The governing body?		1	Ва	Х	->
b	Each committee with authority to act on behalf of the governing body?		_	3b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	e reached				
=	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		Ιx
Sect	ion B. Policies (This Section B requests information about policies not required by the					
				/	Yes	No

10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 **///** 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Х 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? 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) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a

Sect	Section C. Disclosure							
	the organization's exempt status with respect to such arrangements?							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	with a taxable entity during the year?							

7	List the states with which a copy of this Form 990 is required to be filed ▶
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 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 X Upon request
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest
	policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Charles Guerin

164 Water Street, Skowhegan, ME 04976

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Fraternal Order of Eagles #1457 Part VII Compensation of Officers, Direction	ctore Truetee	se K	ΔV	Em	nla	Vee	. H	lighest Comp	01-00613 ensated	00 Page 7
Employees, and Independent C	•	, o, i	.cy		Pic	ycc.	, .	ngnest comp	Cilouteu	
Check if Schedule O contains a re		, que	estic	on ii	n th	is Pa	art \	/II		🔲
Section A. Officers, Directors, Trustees, Key E	mployees, and	Hig	hes	t Co	omp	ensa	atec	Employees		· · · · · · · · · · · · · · · · · · ·
1a Complete this table for all persons required to be	listed Report of	ompe	ensa	atior	n fo	r the	cale	ndar year endin	g with or within t	the
organization's tax year										
 List all of the organization's current officers, of compensation Enter -0- in columns (D), (E), and List all of the organization's current key empled List the organization's five current highest cowho received reportable compensation (Box 5 of Formatting) 	(F) if no comper oyees, if any Sompensated emp	nsatio ee ins oloyee	on w stru es (/as p ction othe	paid ns fe er th	l or det an ar	finiti n off	on of "key empl	oyee " ustee, or key em	nployee)
organization and any related organizations			•	•		,		,	• , , , , , , , , , , , , , , , , , , ,	
 List all of the organization's former officers, k \$100,000 of reportable compensation from the organ 								d employees wh	o received more	than
 List all of the organization's former directors 										of the
organization, more than \$10,000 of reportable comp			_				_	_		
List persons in the following order individual trustee compensated employees, and former such persons									. •	
Check this box if neither the organization nor an	y related organ	ızatıo	n co	omp	ens	ated	any	current officer,	director, or trust	ee
(A) Name and Title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	n an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Joe Horton										
Trustee	1 00	Х	_					0	0	0
(2) Terrence L Steward, Sr		١.,								_
Trustee	1 00	Х						0	0	0
(3) Clifford Steward Trustee	1 00	l _x						0	o	0
(4) Linda Whittemore	100		\vdash	\vdash	\vdash		<u> </u>	U	- V	
Trustee	1 00	Х						o	o	0
(5) Clinton Ellis										
Trustee	1.00	X	_				<u> </u>	0	0	0
(6) Charlie Guerin	2.00	İ		x				4 000		_
Treasurer (7) Terrence L Steward	3 00		┢	┝				1,800	0	0
Secretary	3 00			x				1,966	0	0
(8) Joey Stewart										
President	3 00		_	Х	<u> </u>			0	0	0
(9) Michael Higgins Vice-President	3 00			x				0	0	0
(10)						<u></u>				
(11)	,									
			•							

(13)

(A) Name and title	(B) Average	box,	unles	Pos ieck ss pe	erson	e than	h an	(D) Reportable	(E) Reportable		(F) Estimate	
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	_		Highest compensated employee	_	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	s (amount of other compensate from the organization and relate organization organization companization	tion e on ed
(15)							-					
(16)												
(17)												
(18)									,			
(19)			-									
(20)										\top		
(21)										1		
(22)										十		
(23)										十		
(24)												
(25)								·····		+		
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A		1				A A A	3,766 0 3,766		0 0		0
2 Total number of individuals (including but not reportable compensation from the organization		listed		ove 0) wh	o red	eıv	ed more than \$1	100,000 of			
3 Did the organization list any former officer, di employee on line 1a? <i>If</i> "Yes," <i>complete Sche</i>					yee	, or h	igh	est compensate	d	3	Yes 3	No X
For any individual listed on line 1a, is the sum the organization and related organizations gre individual										4		X
5 Did any person listed on line 1a receive or action for services rendered to the organization? If "									dıvıdual	1		X
Section B. Independent Contractors												
Complete this table for your five highest components of compensation from the organization. Report of year.											:ax	
(A) Name and business add	dress							(B) Description of sei	vices	Com	(C) pensation	
	···						\vdash					0
							<u> </u>					C
							_					0
2 Total number of independent contractors (included more than \$100,000 of compensation from the		nited •	to th	nose	e lis	ted a 0	bov	e) who received		\$ '55' \$	Foreign.	4

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

T OHR 9				_				C 1-00010	Fage 3
Pan	VIII	Statement of Revenue	" %	4	. ,	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from
1							function revenue	revenue	tax under sections 512, 513, or 514
S S	1a	Federated campaigns		1a	0	-	revendo		312, 313, 6/ 314
un de	b	Membership dues	<u>-</u>	1b	6,050				
ق ق		Fundraising events	-	1c	0,000				
lfts r A	0 7	Related organizations	<u> </u>	1d	0			. 49	
ᅙ	d	-	-	1e	0				
Sir	e	Government grants (contribution All other contributions, gifts, gra	·/	16		,		,	
并	Ţ	similar amounts not included ab		45	600			,	, a
흔히		Noncash contributions included in		1f \$	699 0			·	
Contributions, Gifts, Grants and Other Similar Amounts	g		illes la-II.	Ф		6.740			* "
	h	Total. Add lines 1a-1f			Business Code	6,749			y %;
ᇐ	_				Business code				, ",
Se	2a					0			
ž	þ					0			
Š	С					0			-
Š	d					0			
ram	е					0			
Program Service Revenue	f	All other program service reven	ue	١		0			· ·
		Total. Add lines 2a-2f.			•	0			
	3	Investment income (including d	vidends, inte	rest	, and				
		other similar amounts)			•	55			
	4	Income from investment of tax-	exempt bond	pro	ceeds 🕨	0			
	5	Royalties			•	0			
			(i) Real		(iı) Personal	,			
	6a	Gross rents	1,0)50					
	b	Less rental expenses							
	С	Rental income or (loss)	1,0)50	0				
•	d	Net rental income or (loss)			▶	1,050			
	7a	Gross amount from sales of	(i) Securities	S	(II) Other				:
		assets other than inventory		0	0				
	ь	Less cost or other basis							
		and sales expenses		0	0		•		
	C	Gain or (loss)		0	0				
	d	Net gain or (loss)		ı	. ▶	0			ļ
Other Revenue	8a	Gross income from fundraising						:	
Vel		events (not including \$	0						
2		of contributions reported on line	1c)						
ē	1	See Part IV, line 18	•	а	4,308				
된	ь	Less direct expenses .	-	b	629	,			_
	С	Net income or (loss) from fundr	aising events		•	3,679			
	9a	Gross income from gaming acti	vities		•				
		See Part IV, line 19		а	244,784				
	b	Less direct expenses .		b	192,878				
	c	Net income or (loss) from gamin	ng activities .		. ▶	51,906			
	10a	Gross sales of inventory, less							
		returns and allowances		а	161,789			Ì	E .
	Ь	Less: cost of goods sold		b	110,409				
	c	Net income or (loss) from sales	of inventory			51,380			
		Miscellaneous Revenue			Business Code				
	11a	Machine and music CDs				3,134			
	ь	Reimbursements, refunds and	returns			894			
		Miscellaneous				500			
	l .	All other revenue.				0			
	e	Total. Add lines 11a-11d				4,528			
	12	Total revenue. See instruction	S.		•	119,347	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and	501(c)(4) organiz	ations must	complete all columns	All other organiz	zations must coi	mplete column	(A) but are
not required to comple	te columns (B), (C), and (D)				•	

	Check if Schedule O contains a response to any	question in this Pa	irt IX .		• 🗖
Do 7b,	not include amounts reported on lines 6b, 8b, 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 governments and			general expenses	, expenses
	organizations in the United States See Part IV, line 21	5,360		* ,	. • • *
2	Grants and other assistance to individuals in the				
	United States See Part IV, line 22	100			» 1 w
3	Grants and other assistance to governments,				AB 866
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16			* * * * *	** **
4	Benefits paid to or for members	C			
5	Compensation of current officers, directors,				
_	trustees, and key employees	4,956			
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	12,688			
8	Pension plan accruals and contributions (include	_			
_	section 401(k) and 403(b) employer contributions)	000			<u> </u>
9	Other employee benefits	300			
10	Payroll taxes	5,765			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal Accounting				
ď	Lobbying .	4,500			<u> </u>
e	Professional fundraising services. See Part IV, line 17	0	40.	. A y	
f	Investment management fees	0		, A X X	
g	Other .				
12	Advertising and promotion	1,969			
13	Office expenses	3,016			
14	Information technology	9,010		<u> </u>	
15	Royalties	- 0	 -		
16	Occupancy	26,606		<u> </u>	_
17	Travel .	192			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,903			
20	Interest	C			
21	Payments to affiliates	1,701			
22	Depreciation, depletion, and amortization	9,894	0	0	0
23	Insurance	6,613			
24	Other expenses Itemize expenses not covered	i i		4	A
	above (List miscellaneous expenses in line 24e If	,	'	* * * *	
	line 24e amount exceeds 10% of line 25, column	. × .,	20 (0 2	(A Brance 7
	(A) amount, list line 24e expenses on Schedule O)			¥	
а	Supplies	23,078			
b	Lounge room entertainment	4,155			
С	Dues and subscriptions	3,118	•		
d	Equipment maintenance	423	•		
	All other expenses Other	131			
25	Total functional expenses. Add lines 1 through 24e	117,468	0	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)	l .	I	i l	

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash-non-interest-bearing 40.584 1 51,712 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 0 3 0 4 Accounts receivable, net 0 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary Assets employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 6.295 8 6.295 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 371,811 b Less accumulated depreciation 10b 122.079 10c 112,184 Investments—publicly traded securities 11 11 01 ol 12 Investments—other securities See Part IV, line 11 12 0 13 Investments—program-related See Part IV, line 11 ol 13 14 ol 14 0 Intangible assets 15 Other assets See Part IV, line 11 ol 15 0 168,958 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 170,191 2,495 17 Accounts payable and accrued expenses 17 1,849 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties ol 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 2.495 Total liabilities. Add lines 17 through 25 26 1.849 Organizations that follow SFAS 117, check here Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 or Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ X and complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 166,463 32 168,342 33 Total net assets or fund balances 166,463 33 168,342 Total liabilities and net assets/fund balances 34 168,958 170,191

Form 9	990 (2011) Fraternal Order of Eagles #1457	01-0	0061300	Pag	ge 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>		[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>. </u>		,347
2	Total expenses (must equal Part IX, column (A), line 25)	2		117	,468
3	Revenue less expenses Subtract line 2 from line 1	3		1	<u>,879</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		166	,463
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		168	,342
Part	· · ·				_
	Check if Schedule O contains a response to any question in this Part XII	<u></u>		<u>. [</u>	<u>_</u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			+	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		8. n. W		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		2b		X
C	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			4	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			32	4-1
	issued on a separate basis, consolidated basis, or both		3.5	12	
	Separate basis Donsolidated 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_		_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 in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2011)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions. OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 01-0061300 Fraternal Order of Eagles #1457 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate 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. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 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 Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 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, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, 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" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X.

Fraternal Order of Eagles #1457 01-0061300 Schedule D (Form 990) 2011 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Public exhibition а Loan or exchange programs b Scholarly research Other C Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part Part IV IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not 1a included on Form 990, Part X? | Yes | If "Yes," explain the arrangement in Part XIV and complete the following table **Amount** Beginning balance C 1c d Additions during the year 1d Distributions during the year e 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? Yes X b If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10, Part V (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Beginning of year balance 1a Contributions c Net investment earnings, gains, and losses d Grants or scholarships 24 Other expenditures for facilities and programs f Administrative expenses End of year balance g 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment **b** Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by unrelated organizations related organizations

If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?

Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

Part	VI Land, Buildings, and Equipmer	nt. See Form 990, Pa	nt X, line 10.		
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land .	0	0		0
b	Buildings .	0	202,192	123,193	78,999
С	Leasehold improvements .	0	0	0	0
d	Equipment .	0	140,418	133,574	6,844
<u>e</u>	Other	0	29,201	2,860	26,341
Tota	II. Add lines 1a through 1e (Column (d) must	equal Form 990, Part.	X, column (B), line 10(c	s)) •	112,184

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Page 3

Part VII · Investments—Other Securit	ies. See Form 990. Part X	. line 12.	Page 3
(a) Description of security or category	(b) Book value	(c) Method of va	
' (including name of security)		Cost or end-of-year r	narket value
(1) Financial derivatives	0		··
(2) Closely-held equity interests	0		
(3) Other	. 0		
(A)			······································
(B)	0		
(C)	0		
(D)	- 1		
(F)	0	· · · - · ·	
(G)	0	 	-
(H)	0		
(I)	0		<u> </u>
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	• 0		
Part VIII Investments—Program Rela	ited. See Form 990, Part X	(, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)	0		
(2)	0		
(3)	C		-
(4)	0		
(5)	0		
(6)	0		
(7)	0		
(8)	0		
(9)			
(10)	<u></u>		
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	<u>• </u>		
Part IX Other Assets. See Form 990			
	(a) Description		(b) Book value
(1)		·····	0
(2)			0
(3)			0
(4)			0
(6)			0
(7)			0
(8)			0
(9)			0
(10)			0
Total. (Column (b) must equal Form 990, Part X,	col (B) line 15)	<u>.</u> .	0
Part X Other Liabilities. See Form 9	990, Part X, line 25.		
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	C		
(2)	C		
(3)	C		
(4)	c	4	
(5)	_ _		
<u>(6)</u>	<u></u>		
(7)	- 0		
(8)	- 	4	
(9)	+	4	
(10)		4	
(11) Total (Column (b) must equal Form 990, Part X, col (B) line 25)	1	(
2. FIN 48 (ASC 740) Footnote In Part XIV, provi		he organization's financial states	nents that reports the

Fraternal Order of Eagles #1457

01-0061300

Schedule D (Form	990) 2011	Page 5
	Supplemental Information (continued)	
•		
	•••••••••••••••••••••••••••••••••••	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding **Fundraising or Gaming Activities**

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.

OMB No 1545-0047 Open to Public

Department of the Treasury ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Internal Revenue Service Inspection Employer identification number Name of the organization Fraternal Order of Eagles #1457 01-0061300 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply 1 Solicitation of non-government grants Mail solicitations а b Internet and email solicitations f Solicitation of government grants Special fundraising events С Phone solicitations d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes." list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (I) Name and address of individual (or retained by) (or retained by) (II) Activity custody or control of from activity fundraiser listed in or entity (fundraiser) contributions? organization col (i) Yes 1 0 2 0 n 0 3 0 0 0 0 0 0 5 0 0 6 0 0 0 0 0 0 8 0 9 0 0 10

I Otal	di	<u> </u>
3	List all states in which the organization is registered or licensed to soli registration or licensing.	· ·

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV. line 18, or reported more 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)) (event type) (event type) (total number) Gross receipts 0 0 0 0 Less Chantable contributions 0 Gross income (line 1 minus line 2) 4 Cash prizes 0 0 Noncash prizes. 0 0 0 Expenses Rent/facility costs 0 0 0 Food and beverages 0 0 0 Direct Entertainment Λ 0 0 0 Other direct expenses 0 Direct expense summary Add lines 4 through 9 in column (d) 0) Net income summary Combine line 3, column (d), and line 10 Part III Gaming, Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 234,199 10,585 244,784 Direct Expenses Cash prizes 172,459 5,679 178,138 Noncash prizes 0 Rent/facility costs Other direct expenses 14,665 75 14,740 Yes Yes Yes ____% Volunteer labor No X No Direct expense summary Add lines 2 through 5 in column (d) 192,878) Net gaming income summary Combine line 1, column d, and line 7 51,906 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

Sched	ule G (Form 990 or 990-EZ) 2011 Fraternal Order of Eagles #1457	<u>01</u> .	<u>-006130</u> (0Page 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 to administer charitable gaming?		Yes	X No
13	Indicate the percentage of gaming activity operated in		<u> </u>	
a	The organization's facility	13a	<u> </u>	100 00%
14	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books	13b	<u> </u>	%
	and records			
	Name ► Charlie Guerin			
	Address ▶ 88 Rowe Road Skowhegan, ME 04976			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		☐ Yes	X No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$0 and the	,	_	
	amount of gaming revenue retained by the third party \$\bigs\\$ 0			
С	If "Yes," enter name and address of the third party			
	Name ▶	••••		
	Address ▶			
16	Gaming manager information			
	Name ► Charlie Guerin			
	Gaming manager compensation ► \$0			
	Description of services provided Record keepping and reporting of gaming activity			
	X Director/officer			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		_	
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations.		X Yes	∐ No
D	or spent in the organization's own exempt activities during the tax year \$			0
Part	Supplemental Information. Complete this part to provide the explanations required by Pa (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide the explanations required by Pa		•	columns
	provide any additional information (see instructions).			
	•••••••••••••••••••••••••••••••••••••••			
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Complete If the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Inspection Employer Identification number
Open to Pub

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Frat	Fraternal Order of Eagles #1457	01-0	01-0061300
P	Part General Information on Grants and Assistance		
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ssistance, and	[
	the selection criteria used to award the grants or assistance?		X Yes No
~	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		

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	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II	× • · · · · · · · · · · · · · · · · · ·
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and Organizations in the United States. Complete if the organization answered "Yes" to	0 0	
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nd Other Assistance to Gover	>	D
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Grants and Other Assistance to Governments	90,	can be duplicated if additional space is needed
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call be duplicated if additional space is needed.	additional ape						
1 (a) Name and address of organization or government	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)			0	0			
(2)			0	0			
(3)			0	0			
(4)			0	0			
(6)			0	0			
(9)			0	0			
(7)			0	0			
(8)			0	0			
(6)			0	.0			
(10)			0	0			
(11)			0	0			
(12)			0	0		:	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	in 501(c)(3) and	government organia	zations listed in the lin	e 1 table			

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. (HTA) 3

Schedule I (Form 990) (2011)

Part III can be duplicated if additional space is needed (a) Type of grant or assistance (b) Number of recipients	Grants and Other Assistance to Individuals in the L	the United States. Complete if the organization answered	npiete if the organiz	ation answered "Yes" to	"Yes" to Form 990, Part IV, line 22.
	itional space is needed				· · · · · · · · · · · · · · · · · · ·
	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	0	0		0	
	0	0		0	
	0	0		0	
	0	0		0	
	0	0		0	
	0	0		0	
	0	0			
Part IV Supplemental Information. Complete this part to		provide the information required in Part I,	required in Part I, line	e 2, and any other additional information	onal information.
Part I Line 1 No grants provided Only charitable donations	e donations				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

Fraternal Order of Eagles #1457	01-0061300
Form 990 Part VI Section B Line 11 The return is presented to the Trustees for review at a	
weekly meeting, guestions are answered and changes made as needed prior to filing	
Form 990 Part VI Section C Line 19 No documents available to the public	
	•

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

			Cash	Noncash
1	Federated Campaigns .	. 1 _		
2	Membership dues .	2	6,050	
3	Fundraising events	3		
4	Related organizations	4		
5	Government grants (contributions)	5		
6	All other contributions, gifts, grants, and similar amounts not included above			
	Chantable donations		699	
				
	Other contribute as Astal			<u>_</u>
_	Other contributions total	6	699	
7	Total	7	6.749	0

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Part VIII, Line 10 (990) - Gross Sales of Inventory	161,789	110,409	51,380
Category	Gross Sales	Cost of Goods Sold	ţ Z
Bar sales	161,789	110,409	51.380
			0
			0
			0
PERSON.			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
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Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

Part IX, Line 22 (990) - Deprec	iation, Depletion, and	<u>a Amortization_</u>		
	(A)	(B)	(C)	(D)
•	Total	Program	Management	Fundraising
		services	and general	_
1 Depreciation .	1 9,894			
2 Depletion	2 0			
3 Amortization	3 0			
4 Total	4 9,894	0	0	0

Fraternal Order of Eagles #1457

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

4	г-			<u>-</u>	<u>ත</u>	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
112,184		Ending	Balance	26,341	66'82	6,84																	
122,079		Beginning	Balance	26,561	85,874	9,644	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0		Disposals/	Adjustments																				
259,627	Ending	Accumulated	Depreciation	2,860	123,193	133,574			-														
249,732	Beginning	ccumulated	Depreciation	2,640	116,318	130,774	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
371,811		Cost/Other		29,201	202,192	140,418	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Check If	Asset	Disposed																				
	Check If	Investment	Asset																				
			Other	X																			
		_	Equipment			×																	
	Leasehold	Improve-	ments																				
			Buildings		×																		_
			Land																				
			Category or Item	Land and improvements	Buildings and improvements	Furniture, fixtures and equipment																	
	_			_	7	ო	4	9	9	7	∞	6	10	11	12	13	14	16	16	17	48	19	20

ert IX, Line 16	Total:	26,606
1 Cleaning and maintenance	1	5,768
2 Pest control	2	656
3 Building repairs	3	2,266
4 · Utilities	4	15,939
5 Cable TV service	5	1,977

art IX, Line 5	Total:	4,956
1 Trustees pay	1	1,190
2 Officers salaries	2	3,766
3	3	
4	4	
5	5	