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Form 990

SCANNED MAR 1 6 2015

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 **2011**

			the Treasury ue Service	'	▶T	The org	janizati	on may	y have to	use a	а сору	of this	return	to s	satisfy	state r	eportin	g require	ements		en to Pi Ispecti	
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1	Тах-	exer	not status	s	501(c)(3)	X 50	1(c)B) ∢ (ins	ert no))	494	7(a)(1) or	$\exists 11$	527]	If No al		t	Yes	No 📗 No
J	Web	site	<u> </u>				_										H(c)	Group ex	emption r	umber	<u> </u>	
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Š	2	C	heck this	box	▶ ∐₁	if the o	rganiza	tion di	scontinue	ed its	operati	ons o	dispo	sed	et mic	ge that	25% o	of its net	assets			
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S	4	N	lumber of	f inde;	pendent	i voting	j memb	ers of	the gove	rning	body (F	Part V	l, line	1b)	MAT	ti i	PH.S		4			
ŧ	5	T	otal numb	ber of	f individi	uals en	nployed	in cal	endar ye	ar 20	11 (Par	t V, lir	e 2a)						5		11	
ŧ	6	T	otal numb	ber of	f volunte	ers (es	stimate	If nece	essary)					_	ተቦጎ ነ	BRAN	CIL		6		13	
⋖	7	a T	otal unrel	lated	busines	s rever	nue fro	m Part	VIII, colu	ımn (C), line	12		1	126	ر ال _د .	1		7a			
		b Net unrelated business taxable income from Form 990-T, line 34									7b											
											Prio	r Year		Çu	rrent Ye							
Revenue	8	8 Contributions and grants (Part VIII, line 1h))6.		46	951.							
	9																					
	10) In	7.45										20.			12.						
	11									4517				073.								
	12	2 T	otal rever	nue -	add line	s 8 thr	ough 1	1 (mus	it equal F	art V	III, colu	ımn (A), line	12)				18820)5.		213	036.
	13	3 G	rants and	d sımı	ılar amo	unts pa	aid (Pai	rt IX, c	olumn (A), line	s 1-3)						•					
	14	5 B	enefits pa	aid to	or for m	nember	rs (Part	IX, co	lumn (A)	line 4	4)							987				682.
Š	15	5 S	Behefits paid to or for members (Part IX, column (A) line 4) Salaries, other compensation employee benefits (Part IX column (A), lines 5-10) 8442									24.		74	725.							
Expenses	16	a P	rofession	al fur	ndraising	g fees ((Part IX	colur	nn (A), lu	ne 116	e)											
ĝ	1	b T	otal fundr	raising	g expen	ses, (P	art IX,	colum	n (D), line	e 25) I	>											
Ŵ	17	7 0	ther expe	enses	(Part I)	۲, colur	mn (A),	lines '	11a-11d,	11f-2	.4e)							13625				686.
	18	3 T	otal expe	nses	Add lin	es 13-	17 (mu	st equa	al Part IX	, colu	mn (A)	, line 2	(5)				2	23054	17.		203	093.
	19	9 R	evenue le	ess e	xpenses	s Sub	tract lin	e 18 fr	om line 1	12								-4234			9	943.
_ s									_							Be	ginning	g of Cui	rent	En	d of Ye	
Net Assets or Fund Balances	20	T	otal asset	ts (Pa	art X, lin	e 16)												3539			42	329.
ASS	21	l T	otal liabili	ities (Part X,	line 26)											1342				<u>416.</u>
			let assets	or fu	ınd bala	nces	Subtra	ct line :	21 from <u>I</u>	ine 20	<u>) </u>						•	2197	70.		31	91 <u>3.</u>
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For Paperwork Reduction Act Notice, see the separate instructions BCA

U\$990**\$\$**1

Par	t IV 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_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in			
	effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$ or $501(c)(6)$ organization that receives membership dues, assessments			
	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes "			v
	complete Schedule D, Part III	8		Х
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"			Х
	complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		Х
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	וטו		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable Did the executation report on amount for land, huldings, and equipment in Part X, line 103 if "Ves." complete			
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	Χ	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	110	71	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII	11ь		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	11.5		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		-	
u	reported in Part X. line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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	1.5		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI, XII, and XIII	12a		Х
ь	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if			-
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10 000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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 and IV	15		Х
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 and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Χ	
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?			.,
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ъ		

Form	990 (2014) Fraternal Order of the Eagles 23-71	43525	1	Page 4
Par	t IV Checklist of Required Schedules (continued)			
	<u> </u>		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 12 If "Yes," complete Schedule I, Parts I and II	21		X
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		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		Х
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	j		
	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction			Ì
	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, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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 membe	.		
	of any of these persons? If "Yes", complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			ı
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes " complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes " complete Schedule N Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	ıg 🔻		
	of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X_

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Form 990 (2011)

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

	Check if Schedule O contains a response to any question in this Part V			П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
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 11			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes " has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over.			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes " enter the name of the foreign country			
	See the 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		
7	Organizations that may receive deductible contributions under section 170(c)			
а	Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell exchange or otherwise dispose of tangible personal property for which it was			١
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			١
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f		7f		Х
8	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	7g		X
h	•	_,		
	Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,	اما		X
_	have excess business holdings at any time during the year?	8		_^
9	Sponsoring organizations maintaining donor advised funds	_		X
	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on Part VIII. line 12			
		}		
11	Section 501(c)(12) organizations: Enter Gross income from members or shareholders 11a			
-	Gross income from other sources (Do not net amounts due or paid to other sources			
U	against amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	·		_
	Section 501(c)(29) qualified nonprofit health insurance issuers			1
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note See the instructions for additional information the organization must report on Schedule O			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
Ü	the organization is licensed to issue qualified health plans			1
r	Enter the amount of reserves on hand			1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
-				1

Form 990 (2011) Fraternal Order of the Eagles_____

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 Sche	dule O	See instru	ctions		
	Check if Schedule O contains a response to any question in this Part VI					Ш_
Secti	on A. Governing Body and Management			-	1	
	ı		100		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	199			
	If there are material differences in voting rights among members of the governing body or if the governing	- 1		:		
	body delegated broad authority to an executive committee or similar committee explain in Schedule O					
_	Enter the number of voting members included in line 1a, above, who are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			,		Х
	any other officer, director, trustee, or key employee?			2_		
3	Did the organization delegate control over management duties customarily performed by or under the direct			,		Х
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	illeu r		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			6	Х	
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint or	10 OF M	O.C.	_	-11	
/a		ie or iii	OI C	7a	Х	
h	members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhold	ders or	nersons	7b		X
D	other than the governing body?	2013 01	persons			
	Did the organization contemporaneously document the meetings held or written actions undertaken during					
8	the year by the following					
_	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	X	
_	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			00		
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sact	on B Policies (This Section B requests information about policies not required by the Internal Revenue Co	de)				
-	on B. Policies (This decion B requests information about policies not required by the micrial revenue de				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	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 ti	ne form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	·				
	Did the organization have a written conflict of interest policy? If "No", go to line 13			12a	1	Χ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise t	o conflicts?	12b		
	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		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	ion?				
а	The organization's CEO, Executive Director, or top management official.			15a		X
	Other officers or key employees of the organization			15b		X
	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					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard					
	the organization's exempt status with respect to such arrangements?			16b		
Secti	on C Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed				_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable) 990 and 990-T (Section	on 501	c)(3)s only)		
	available for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	interes	it .			
	policy, and financial statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books and recommendations are considered to the person of the person	ds of th	e			
	organization ►Julie Smith PO Box 324 VALDEZ AK 99686	- 90	7-831	-11	43	

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers directors, trustees (whether individuals or organizations), regardless

of amount of compensation Enter -0- in columns (D), (E) and (F) if no compensation was paid

- List all of the organization's current key employees, if any See instructions for definition of 'key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100 000 from the organization and any related organizations

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100 000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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 neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
	(describe hours for related organiza 'kons in Sch O)	Individual trustee or director	Institutional trustee		nployee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)Darrell Farmer Jr Past Pres	2			X				0	0	0
(2)Richard McAlis		-		<u>^</u>	_				 	
Worthy Pres	2	Х		X				0	l o l	0
(3)Daniel Alley						_			- -	
Vice Pres	2	X		X				0	0	0
(4)Randall Hollau						_				
Chaplain	2	X		x				0	0	0
(5)Mıchael Derifi										
Secretary	10	X		X				0	0	0
(6)Dean Willi	_]						_		
Treasurer	2	X		X_				0	0	0
(7)Glen Mills Jr	,	.,							_	0
Trustee	2	Х						0	0	0
(8)Jason Green Trustee	2	X						0	0	0
(9)Aaron Lee	 					 	-		- -	
Trustee	2	Х					.	0	0	0
(10)Charles Vorhei		^			_				- 	
Conductor	2	- 1		x				0	0	0
(11)								 -		 -
- 	1 1	ĺ	!							
(12)										
(13)										
(14)		<u>}</u>								
•				$oxed{oxed}$						

(A) Name and title	(B) Average	(do n box i	(C) Position o not check more than one ox unless person is both an ficer and a director/trustee) Reportable Reportable Compensation Compensation Compensation								(F) stimate	
	hours per week (describe hours for related organiza- tions in Sch 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)	com fr org and	tion e ion ed	
(15)												
(16)	_											
(17)										_		
(18)												
(19)												
(20)												
(21)									<u>-</u> -			
(22)												
(23)												
(24)									_			
(25)					_					<u> </u>		
	-										0	
1b Sub-total c Total from continuation sheets to Part \(\)	∕II, Sectioi	n A					>	0	0		0	
d Total (add lines 1b and 1c) Total number of individuals (including but in the control of the	not limited	to thos	se liste	d at	ove) who	▶ i	0 eived more than \$100	0.000 of reportable of	compens	0 sation	
from the organization >												r=_:_
3 Did the organization list any former officer				-		yee, c	r hig	phest compensated			Yes	No
employee on line 1a? If "Yes," complete SFor any individual listed on line 1a, is the s						n and o	othei	r compensation from		_3_		Х
the organization and related organizations												Х
individual 5 Did any person listed on line 1a receive or	accrue coi	mpens	ation f	from	апу	unrel	ated	organization or indi-	vidual for	4_		
services rendered to the organization? If "	Yes," comp	lete S	chedu	le J	for s	such p	ers <u>o</u>	<u> </u>		5		Х
Section B Independent Contractors 1 Complete this table for your five highest or	mpensate	d inde	pende	nt co	ontra	actors	that	received more than	\$100,000 of			
compensation from the organization Repo	•							ding with or within the				
(A) Name and busines	s address							(B) Description of s	ervices	l) Compe	C) ensatio	n
2 Total number of independent contractors (including b	ut not	limited	1 to t	hose	e liste	d ab	ove) who received m	ore than			

\$100 000 in compensation from the organization >

Page 9

Par	EVIII	Statement of Revenue		-		
	,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions gifts grants and similar amounts not included above Noncash contributions included in lines 1a 11 Total Add lines 1a-1f	46951.			
83	2a	Business Code				
Program Service Revenue	b_ c_ d_					
₾.	f	All other program service revenue	<u>_</u> _			
	g 3	Total Add lines 2a-2f ► Investment income (including dividends, interest, and other similar amounts) ►	12.	12.		_
	4	Income from investment of tax-exempt bond proceeds	<u> </u>			-
	5	Royalties				<u> </u>
		(i) Real (ii) Personal Gross rents Less rental expenses Rental income	-		,	
	ď	or (loss) Net rental income or (loss)	950.	950.		
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales				
		expenses Gain or (loss) Net gain or (loss)				
Other Revenue	١ ـ	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV line 18				
ier l	ь	Less direct expenses b				
õ	l	Net income or (loss) from fundraising events		ì		
	9a	Gross income from gaming activities See Part IV, line 19 a Less direct expenses b				
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a 284144. Less cost of goods sold b 119021.				
		Net income or (loss) from sales of inventory	165123.	165123.		
	_ <u>-</u>	Miscellaneous Revenue Business Code		-		
	11a					
	ь					
	С					
	d	All other revenue				-
	е	Total Add lines 11a-11d ▶				
	12	Total revenue				
		See instructions	213036.	166085.		

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)

	Check if Schedule O contains a response to a	any question in this Pa	rt IX		
Do n	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to governments and org				•
	anizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in	-			·
	the United States See Part IV line 22				
3	Grants and other assistance to governments				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	7682.	7682.		
5	Compensation of current officers directors,				-
	trustees, and key employees				
6	Compensation not included above, to disqualified		_	_	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	69500.	69500.		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			1	
9	Other employee benefits				
10	Payroll taxes	5225.	5225.		
11	Fees for services (non-employees)				_
a	Management				
ь	Legal	· -		- "	
c	Accounting	8068.	8068.	1	
ď	Lobbying				
e	Professional fundraising services See Part IV line 17				
f	Investment management fees				
g	Other	5624.		5624.	
12	Advertising and promotion	842.	842.	-	
13	Office expenses	7540.		7540.	-
14	Information technology	4013.		4013.	
15	Royalties				
16	Occupancy	45153.	45153.		
17	Travel				
18	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3666.		3666.	
20	Interest		-		
20 21	Payments to affiliates		-		
21 22	Depreciation, depletion and amortization	1598.	1598.		
23	Insurance	14824.	14824.		
23 24	Other expenses Itemize expenses not covered			-	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
_	SEE STMT	15738.		 	
a	<u> </u>	1669.	<u> </u>		
b		8775.			
C		1625.			
d	All other evenence	1551.			
e	All other expenses	203093.	180699.	22394.	
25_ 26	Total functional expenses Add lines 1 through 24e	203033.	1000000		
	Joint costs Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
(Check here Liffollowing SOP 98-2 (ASC 958-720)			Į.	

Pa	rt X	'Balance Sheet			,	
	,			(A)		(B)
	,		·	Beginning of year		End of year
	1	Cash - non-interest-bearing		24846.	1	30674.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers di	rectors trustees, key			
		employees, and highest compensated employed	es Complete Part II of Sch L		5	
	6	Receivables from other disqualified persons (as defined under sidescribed in section 4958(c)(3)(B) and contributing employers and section 501(c)(9) voluntary employees, beneficiary organization.	and sponsoring organizations		6	
ស៊	7	Notes and loans receivable, net		1050.	7	3750.
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 10887.			
	b	Less accumulated depreciation	10b 2982.	9503.	10c	7905.
	11	Investments - publicly traded securities			11	<u> </u>
	12	Investments - other securities See Part IV, line	11	_	12	
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets Add lines 1 through 15 (must equ	35399.	16	42329.	
	17	Accounts payable and accrued expenses	13429	17	10416.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
s	21	Escrow or custodial account liability. Complete F		21		
Liabilities	22	Payables to current and former officers, director	_			
ᅙ		Employees, highest compensated employees, a	=]		
Ĕ		persons Complete Part II of Schedule L	·		22	
	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated			24	<u>-</u>
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines				
		of Schedule D			25	
	26	Total liabilities Add lines 17 through 25		13429.	26	10416.
		Organizations that follow SFAS 117, check h	ere► X and	-		
Ş.		Complete lines 27 through 29, and lines 33 ai	_			
2	27	Unrestricted net assets		21970.	27	31913.
<u>=</u>	28	Temporarily restricted net assets			28	
80	29	Permanently restricted net assets			29	
Ş		Organizations that do not follow SFAS 117, o	heck here▶ ☐			
F		and complete lines 30 through 34				
ध	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed	nunment fund		31	
ţ	32	Retained earnings, endowment, accumulated in			32	
Ž	33	Total net assets or fund balances	come, or other falles	21970.	33	31913.
	34	Total liabilities and net assets/fund balances		35399.	34	42329.
		otal nabilities and her assets/fullo balances	 		~	Form 990 (2011)

Form **990** (2011)

Form **990** (2011)

BCA

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization

Fraternal Order of the Eagles 1971

Employer identification number 23-7143525

Pa	organizations Maintaining Donor Ad		milar Funds	or Accou	nts.	
	Complete if the organization answered Yes" to	(a) Donor advised fun-	de a	(b) Funds s	ind other ac	counts
4	Tatal aurahas at and of year	(a) Donor advised full		(D) 1 01103 6	illa otilier ac	Wullis
1	Total number at end of year	 -				
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)		 -			
4	Aggregate value at end of year			funda		_
5	Did the organization inform all donors and donor advisors		i donor advised	iulius	□ vos	⊠ No
6	are the organization's property, subject to the organization Did the organization inform all grantees, donors, and don for charitable purposes and not for the benefit of the donorm impermissible private benefit?	or advisors in writing that grant	funds may be us ther purpose cor	sed only nferring	∐ Yes	X No
Pr	rt II Conservation Easements. Complete if	the organization answered Yes	s" to Form 990	Part IV, line 7		1 1
1	Purpose(s) of conservation easements held by the organ					
	Preservation of land for public use (e.g., recreation of		Preservation of	an historical	y important	land area
	Protection of natural habitat	Т	Preservation of	certified hist	oric structure	е
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a q	ualified conservation contributio	n in the form of:	a conservatio	n easement	on the
	last day of the tax year					
	tust day or the tax you.			Held a	t the End o	f the Tax Y
2	Total number of conservation easements			2a		
	Total acreage restricted by conservation easements			2b		
	Number of conservation easements on a certified historic	structure included in (a)		2c		_
	Number of conservation easements included in (c) acquir	• •	ustoric			
•	structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred	released extinguished or term	ninated by the o	L .	ırıng	
,		, released, extinguished, or term	andred by the of	igainzonon o	g	
	Number of states where property subject to conservation	essement is located.				
4	Does the organization have a written policy regarding the		handling of wal	Intione		
5			, nanding or viol	ations,	Yes	No.
_	and enforcement of the conservation easements it holds?			a the year h	[] 163	M NO
6	Staff and volunteer hours devoted to monitoring inspecting	-				
7	Amount of expenses incurred in monitoring, inspecting, a					
8	Does each conservation easement reported on line 2(d) a	above satisfy the requirements t	n section 170(n)	(4)(D)(I)	□ vaa	□No
_	and section 170(h)(4)(B)(ii)?			intomont and	∐ Yes	
9	In Part XIV, describe how the organization reports conser					
	include, if applicable, the text of the footnote to the organ	ization's financial statements th	at describes the	organization	s accounting	у тог
	conservation easements			han Cinala	- 11-	
a	rt III Organizations Maintaining Collection		sures, or Ot	ner Simila	r Assets.	
	Complete if the organization answered Yes" to					
1 a	If the organization elected as permitted under SFAS 116					
	treasures, or other similar assets held for public exhibition		erance of public	service, pro	vide, in Part	XIV, the
	text of the footnote to its financial statements that describ	es these items				
ь	If the organization elected, as permitted under SFAS 116	, to report in its revenue statem	ent and balance	sheet works	of art, histor	rical trea-
	sures, or other similar assets held for public exhibition, ed					
	relating to these items					
	(i) Revenues included in Form 990, Part VIII, line 1			▶ S		
	(ii) Assets included in Form 990, Part X			▶ \$		
2	If the organization received or held works of art, historica	treasures, or other similar asse	ets for financial c	ain provide i	he following	amounts
2			ioi iiiianoial y	, p. 0 1 1 0 1		,
_	required to be reported under SFAS 116 relating to these	: KČIII9		▶ ¢		
а	Revenues included in Form 990, Part VIII, line 1			- 4		
1.	Assets included in Form 990, Part X			▶ \$		

4 Describe in Part XIV the intended uses of	the organization's endowmen	t funds		
Part VI Land, Buildings, and B	quipment. See Form 99	90 Part X, line 10_		
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	10,887.	_	2,982.	7,905.
e Other				
Total Add lines 1a through 1e (Column (d) mu	st equal Form 990 Part X, col	umn (B), line 10(c))	<u> </u>	7,905.

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 Fraternal Order of the Eagles			1435∠5 Page 4	ļ
Pai	t XI Reconciliation of Change in Net Assets from Form 990	to Audited Financia	l St		_
1	Total revenue (Form 990, Part VIII column (A) line 12)		1	213,036.	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	203,093.	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	9,943.	
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9)	10	9,943.	
Pai	t XII Reconciliation of Revenue per Audited Financial Statem	nents With Revenue	pe	r Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
Ç	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d		ļ	2e	
3	Subtract line 2e from line 1		Į	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c (This must equal Form 990, Part 1, line 12)			5	
Pat	t XIII Reconciliation of Expenses per Audited Financial State	ments With Expens	es	per Return	_
1	Total expenses and losses per audited financial statements.			1	
2	Amounts included on line 1 but not on Form 990, Part IX line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			_	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIV)	4b	,		
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		ſ	5	
Pai	t XIV Supplemental Information				_
	olete this part to provide the descriptions required for Part II lines 3, 5, and 9, Part III, III (, line 2, Part XI, line 8, Part XII, lines 2d and 4b and Part XIII, lines 2d and 4b Also co				_
_					_
	<u></u>	 _			_
_					_
		<u> </u>			_
					_

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

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

Open to Public Inspection

Name of the organization Fraternal Order of the Eagles 1971					Employer identification number 23-7143525	
Franches and Activities of			ered Yes" to Form 990		J /14JJZJ	
Part Form 990-EZ filers are no	· ·	-	5164 165 (010111150)	y rattiv, mie ir		
1 Indicate whether the organization		-	llowing activities Chec	k all that apply		
a Mail solicitations		e Solicita	ation of non-governmen	t grants		
b Internet and email solicitations	3	f Solicita	ation of government gra	ints		
c Phone solicitations		g 🔲 Specia	I fundraising events			
d In-person solicitations						
2a Did the organization have a writter Form 990, Part VII) or entity in cor	_		· ·	, directors, trustees	or key employees listed in Yes X No	
b If "Yes," list the ten highest paid in			_	s under which the fo	undraiser is to be compensated	
at least \$5,000 by the organization	1					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) Did fund- raiser have custody or control of contributions?	(IV) Gross receipts from activity	(v) Amount paid retained by) fund listed in col (i	raiser (or retained by)	
1	-	Yes No		 		
2						
3	<u> </u>			_		
4						
5						
6						
7			<u></u> _			
8				 - -		
9						
10						
T-A -						
Total 3 List all states in which the organization		licanood to policit	contributions or books	on notified it is also	mpt from requetration or head-	
3 List all states in which the organization	i is registered or	ncensed to soncit	Contributions of has be	een nouned it is exe	impurion registration or licensi	
				<u> </u>		
						
						
						
	<u> </u>	<u> </u>	<u> </u>			
	· - _				-	
						
						
		<u> </u>				
·						
		· -	_			

	Functional Exp	Program	Management	
Description of the Asset	Total	Services	and General	Fundraising
nations	15,738.	15,738.		
censing/permits	1.669.	1,669. 8,775.		
ents	9 775	9 775		
	0,773.	0,773.		
es	1,625.	1,625.		
sc	1,669. 8,775. 1,625. 1,551. 29,358.		1,551.	
	29,358.	27,807.	1,551.	
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