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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

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

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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012

, and ending 12-31-2012

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

Fraternal Order of Eagles 2576 Aerie

D Employer identification number

93-0926922

E Number and street (or P O box, if mail is not delivered to street address)

737 SW 32nd St

F Telephone number

G City or town, state or country, and ZIP + 4

Lincoln City, OR 973671812

H Group Exemption Number

0102

G Accounting Method Cash Accrual Other (specify) ► _____H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► _____

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(8) (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 68,921

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	6,131
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	3,712
Expenses	c Less direct expenses from gaming and fundraising events	6c	1,225
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,487
	7a Gross sales of inventory, less returns and allowances	7a	48,780
	b Less cost of goods sold	7b	20,441
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	28,339
	8 Other revenue (describe in Schedule O)	8	10,298
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	47,255
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	5,471
	12 Salaries, other compensation, and employee benefits	12	15,416
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	27,105
	15 Printing, publications, postage, and shipping	15	1,445
	16 Other expenses (describe in Schedule O)	16	6,849
	17 Total expenses. Add lines 10 through 16	17	56,286
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,031
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	377,821
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-2,984
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	365,806

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	30,003	22 16,688
23 Land and buildings	350,000	23 350,000
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	380,003	25 366,688
26 Total liabilities (describe in Schedule O)	2,182	26 882
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	377,821	27 365,806

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Support charities and those in need

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Local Charity Efforts

(Grants \$)	If this amount includes foreign grants, check here . . . ►	<input checked="" type="checkbox"/>	28a	2,360
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29

(Grants \$)	If this amount includes foreign grants, check here . . . ►	<input checked="" type="checkbox"/>	29a	
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30

(Grants \$)	If this amount includes foreign grants, check here . . . ►	<input checked="" type="checkbox"/>	30a	
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31 Other program services (describe in Schedule O)

(Grants \$)	If this amount includes foreign grants, check here . . . ►	<input checked="" type="checkbox"/>	31a	
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32 Total program service expenses (add lines 28a through 31a)	►	32	2,360
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Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	No
b Did the organization file Form 1120-POL for this year?	38a	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations Enter	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► Main Office Telephone no ► (541) 994-3679 Located at ► 737 SW 32nd St Lincoln City, OR ZIP + 4 ► 973671812		
b 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)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____	42c	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ► _____

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer Greg Jones Secretary Type or print name and title	2013-06-11 Date
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Paid Preparer Use Only	Print/Type preparer's name Thomas Amsberry	Preparer's signature Thomas Amsberry	Date 2013-06-12	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01478233
	Firm's name ► Thomas Amsberry CPA			Firm's EIN ►	
	Firm's address ► 835 N Sundown Dr Otis, OR 97368			Phone no (541) 994-3925	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2012**Open to Public
Inspection**Name of the organization
Fraternal Order of Eagles 2576 Aerie**Employer identification number**

93-0926922

Identifier	Return Reference	Explanation
O01	Description of other revenue Part I line 8	Description Amount Lottery Income 3,976 Donations 6,322
O02	Description of other expenses Part I line 16	Description Amount NSF Checks 277 License and Permits 439 Office 2,066 Bank Charges 709 Insurance 3,213 Office Supplies & Repairs 145
O03	Other changes in net assets or fund balances Part I line 20	Description Amount Accounting Error Prior Year Adj (2,984)
O04	Description of total liabilities Part II line 26	Category Beginning of Year End of Year Accounts Payable 2,182 882

TY 2012 Compensation Explanation

Name: Fraternal Order of Eagles 2576 Aerie

EIN: 93-0926922

Person Name	Explanation
Angela Jones	Bartender

930926922 - Fraternal Order of Eagles 2576 Aerie

e-File Summary

e-File Summary

- Non-traditional return types e-filed by this taxpayer (filed using ID other than the primary SSN)

SSN/EIN	Product	First Tran Date	Last Tran Date	ACK Date	ACK Code

Additional Data

Software ID:
Software Version:
EIN: 93-0926922
Name: Fraternal Order of Eagles 2576 Aerie

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Fred Morgan Worthy President	8 00	0	0	0
John Skelton Worthy Vice President	2 00	0	0	0
Dallas Clark Worthy Chaplain	2 00	0	0	0
Greg Jones Secretary	10 00	0	0	0
Brook Barr Worthy Treasurer	3 00	0	0	0
John Kandleman Trustee	5 00	0	0	0
Rod Roderick Trustee	5 00	0	0	0
Darrell O'Neil Trustee	5 00	0	0	0
Angela Jones  Employee	40 00	15,416	0	0
John Mellin Trustee	5 00	0	0	0
Lloyd Sterbs Trustee	5 00	0	0	0