. 990 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)

Department of the Treasury Internal Revenue Service

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

(2012)	
open to Fight	

A	For	the 20	012 calen	dar	year, or ta	x year	begin	ning	6/0:	1	,	2012, an	d endin	ig 5/	31		, 2013	
В	Chec	k if appl	licable	C											D Employ	er Ident	tification Number	
ı	П	Address	change	$ _{FR}$	<u>AT</u> ERNA	L ORI	DER (	OF E	AGLES	S AERI	E 217	3			23-	7138	231	
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0436558083	A		ed return												<b>G</b> Gross receipts \$ 241,669.			
9	H			<u> </u>	Name and ac	dd		-66						H(a) Is this	a group retur		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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			ganization		Corporation	Trus	St	Associ	ation	Other >		L Year	r of Forma	tion 193	4	tate of	legal domicile KY	
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≂ s	10		fessional fundraising fees (Part IX, column &), Ins Ge)07											-		00.		
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· —	19	Rev	renue less	ex	penses S	ubtract	line 1	8 from	<b>Uggt</b>	n <u>. Uta</u>	n			<u> </u>	<u>-31,8</u>	318.	-8,239.	
Assets of														Beginni	ng of Currer		End of Year	
969	20				rt X, line 1	·									152,1		146,580.	
Net A	21				Part X, line										34,3	307.	36,940.	
					nd balance	s Subi	tract II	ne 21	from III	ne 20					117,8	<u> 79.</u>	109,640.	
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Und	ler pe	natties o	f perjury, I de	eclare	that I have e	examined	this retu	ırn, ınclı	iding acco	mpanying	schedules ar	d statemen	nts, and to	the best of	ny knowledge	and be	lief, it is true, correct, and	
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Par		ement of Progra		•									
		k if Schedule O cont		to any question in	this Part III					_			
1	-	ibe the organization		OUD ODGEWERS	mTAN AUD	COLOURNITEME TAND	mo 11						
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	Did the organ	uzation undertake any	v significant progr	am services during th	e vear which we	re not listed on the prior				_			
_	Form 990 or	-	,	ag	. ,	The state of the s		П	Yes	x	No		
		cribe these new serv	vices on Schedu	le O				ш		ت			
3	Did the orga	nization cease cond	lucting, or make	significant changes	in how it condi	ucts, any program servi	ces?	П	Yes	X	No		
	If 'Yes,' desc	cribe these changes	on Schedule O					ч					
4	Describe the	organization's prog	gram service acc	omplishments for ea	ach of its three	largest program service to report the amount of gr	es, as r	neasure	ed by e	expen	ses		
	Section 501 (cothers the t	c)(3) and 501(c)(4) or otal expenses, and i	ganizations and s	ection 4947(a)(1) trus for each program se	its are required a	to report the amount of gr	rants ar	nd alloca	ations t	0			
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4	Other progra	am services (Descri	ibe in Schedule	<u> </u>		<del></del>							
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Form 990 (2012)

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			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		Х
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 L	з		Х
4	<b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes</i> , <i>' complete Schedule C, Part Il</i>	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		Х
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,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		х
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		Х
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			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	х	
t	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	11 b		Х
C	c 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	11 c		х
•	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	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		X
12 <i>a</i>	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
	was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<del> </del>	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	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		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, Parts 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		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	х	_
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		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

	The one of the dame a series and a series an		Yes	N.
			res	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	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, and 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		Х
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
ď	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		
ď	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		
ł	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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		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)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
(	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
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
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		Х
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		Х
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
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	b If 'Yes' to line 35a, 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	35b		
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197  Note. All Form 990 filers are required to complete Schedule O	38	х	
RΔ		Form	990	(2012

## Form 990 (2012) FRATERNAL ORDER OF EAGLES AERIE 2173 Rantivi Statements Regarding Other IRS Filings and Tax Compliance

BAA			Form	990 (	2012)					
t	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b							
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X					
c	Enter the amount of reserves on hand	13c								
C	which the organization is licensed to issue qualified health plans	13Ь								
L	Enter the amount of reserves the organization is required to maintain by the states in									
a	Note. See the instructions for additional information the organization must report on Schedu	le O	.5a		تنق					
	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120								
	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	128							
10-	against amounts due or received from them )  Section 4947(aV1) non-exempt charitable tructs, is the organization filing Form 990 in liquid	of Form 10412	12a							
b	Gross income from other sources (Do not net amounts due or paid to other sources									
а	Gross income from members or shareholders	11 a			- :					
11	Section 501(c)(12) organizations. Enter									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			4,,					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
10	Section 501(c)(7) organizations. Enter				1.5					
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b							
а	Did the organization make any taxable distributions under section 4966?		9 a							
9	Sponsoring organizations maintaining donor advised funds.									
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the nave excess business	8							
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	Ū	7 h							
_	If the organization received a contribution of qualified intellectual property, did the organization file as required?		7 g							
			'							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ber bid the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7 f		<u>X</u>					
	If 'Yes,' indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	henefit contract?	7 e		X					
	Form 8282?									
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file									
ь	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 a							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and pservices provided to the payor?	partly for goods and	7 a		X					
7	Organizations that may receive deductible contributions under section 170(c).									
b	If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 b							
6 a	Sa 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 as charitable contributions?									
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c							
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	•	_5a 5b		<u>X</u>					
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts									
þ	If 'Yes,' enter the name of the foreign country									
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other f	er authority over, a inancial account)?	4 a		<u>X</u>					
	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3 b							
	Did the organization have unrelated business gross income of \$1,000 or more during the year	ar7	3 a		<u>X</u>					
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	•								
b	If at least one is reported on line 2a, did the organization file all required federal employment		2 b	X						
	ments, filed for the calendar year ending with or within the year covered by this return	2a 1			ψ.					
	(gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	_	1 c							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming		12.						
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b 0								
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a 0								
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		Yes	No					
	("heck it Schedule () contains a response to any question in this Part V				1 1					

X

Form 990 (2012) FRATERNAL ORDER OF EAGLES AERIE 2173 23-7138231 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

	g								
1 :	a Enter the number of voting members of the governing body at the end of the tax year	1 a	170	Yes	No				
• •	If there are material differences in voting rights among members	ı a	178						
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				3				
1	<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	1 Б	5						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee or key employee?	hip with any other	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors or trustees, or key employees to a management company or other personal compan	ne direct supervision	3		Х				
4									
	since the prior Form 990 was filed?		4		X				
5	Did the organization become aware during the year of a significant diversion of the organization	tion's assets?	5		Х				
6	Did the organization have members or stockholders? SEE SCHEDULE O		6	Х					
7 a 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? SEE SCHEDULE O									
ı	b Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or other persons other than the governing body?	mbers,	7 b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following	during the year by			<b>194</b> 07				
	a The governing body?		8a	Х	DE CHINA CLUI				
I	<b>b</b> Each committee with authority to act on behalf of the governing body?		8 b	Х					
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	reached at the	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required	by the Internal Reve	enue Code	.)					
				Yes	No				
	a Did the organization have local chapters, branches, or affiliates?		10a		Х				
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, a operations are consistent with the organization's exempt purposes?		10b						
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		11 a	X					
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990	SEE SCHEDULI							
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13		12a		<u>X</u>				
	b Were officers, directors or trustees, and key employees required to disclose annually interests that to conflicts?	J	12b						
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Schedule O how this is done	es,' describe in	12c						
	Did the organization have a written whistleblower policy?		13		<u>X</u>				
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 approv persons, comparability data, and contemporaneous substantiation of the deliberation and de	al by independent cision?	9	4 V					
	a The organization's CEO, Executive Director, or top management official		15a		<u>X</u>				
l	b Other officers of key employees of the organization		15b		X				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)								
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?	arrangement with a	16a		Х				
l	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and taken steps organization's exempt status with respect to such arrangements?		16 b						
Sec	ction C. Disclosure			18					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection. Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s o	only) avaılab	le for p	oublic				
	Own website Another's website X Upon request Oth	er (explaın ın Schedule	<i>O</i> )						
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O									
20		nd records of the organi	zation.						
D A 4	DEBBIE ATWOOD 201 OUTER LOOP LOUISVILLE KY 40214 (502) 3	<u>84-2705</u>		000 7	2012				

Form <b>990</b> (2012)	FRATERNAI.	ORDER	OF	EAGLES	AERTE	2173

23-7138231

Page 7

## Partiville 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

- 1 a 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

		(C)								
(A) Name and Title	(B) Average hours per	one bo	x. un	ıless ı	oerso	more to n is bot or/truste	h an	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
(1) JIM BOSWORTH	2									
JR PAST PRESIDE	0							0.	0.	0.
(2) DAVID G PLOETNER PRESIDENT	$-\frac{10}{0}$	-						0.	0.	0.
(3) JOHN RAMSIER	10									<u>-</u> -
CHAPLAIN								0.	0.	0.
(4) LEE E NEJDL	40					_				
SECRETARY	0 -							0.	0.	0.
(5) HAROLD VETETO	10									
TREASURER	0_							0.	0.	0.
(6) GREGORY BOWLING	2		'							
CONDUCTOR	0			<u> </u>				0.	0,	0.
(7) WILLIAM R HERDT	5	ļ			١,		ł	0.	0.	0.
INSIDE GUARD  (8) JAMES C KINCAID	20	<del> </del> -	├		-		╁	0.		<u> </u>
TRUSTEE	- = -	}					ĺ	0.	0.	0.
(9) BILLY B DRURY	20		-	-			1	<del>.</del>		
TRUSTEE	1- <del>-</del>	t						0.	ο.	0.
(10) LEO R THOMPSON	20	l		-		-	Τ			
TRUSTEE	0	Ī					<u> </u>	0.	<u>o.</u>	0.
(11)										
(12)	<del> </del>		-		-		-			
(13)			-	-						
(14)	<del> </del>		_	-	-					
	1	L	L	<u> </u>		L	<u> </u>	<del></del>	L	L

Rant VIII Section A. Officers, Directors	(B)		<u> </u>	(C		<del></del>		a riigiicst coii	ipensated Line	loyees (comp
(A) Name and title	Average hours per week (list any	box, offic	unles er and	s pe dad	rson Irect	than construction	ee)	(D)  Reportable compensation from the organization (W 2/1099 MISC)	(E)  Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the
	hours for related organiza tions below dotted line)	ndividual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	rmer			organization and related organizations
15)	<del> -</del> -									
16)									<u> </u>	
17)										
18)	<del>-</del>			_						
9)										
20)			1							
21)										
22)										
23)								<u> </u>		
24)										
25)										
1 b Sub-total					!		<b>&gt;</b>	0.	0.	0
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A						<b>&gt;</b>	0.	$\frac{0}{0}$ .	0 0
2 Total number of individuals (including but not from the organization ► 0	imited to those	listed	abov	/e) v	who	receiv	ved	more than \$100,00	00 of reportable com	pensation
3 Did the organization list any former officer, on line 1a? If 'Yes,' complete Schedule J for	director or tru or such individi	stee, ual	key	em	ploy	ee, o	or h	ighest compensat	ed employee	Yes No
4 For any individual listed on line 1a, is the s the organization and related organizations such individual	um of reportab greater than \$1	le co 150,00	mpe	nsa If 'Y	ition ∕es′	and comp	oth plet	ner compensation te Schedule J for	from	4
5 Did any person listed on line 1a receive or for services rendered to the organization?	accrue comper	nsatio ete Sc	n fro	om . Jule	any <i>J fc</i>	unre or suc	late	ed organization or person	ındıvıdual	5
Section B. Independent Contractors									han \$100,000 of	
compensation from the organization Report co	empensation for	the ca	alend	dar	year	endı	ng v	with or within the o	rganization's tax yea	
Name and busines	s address							Description		(C) Compensation
2 Total number of independent contractors (inclu	•	nted to	o tho	se l	iste	d abo	ve)	who received more	e than	· · · · · · · · · · · · · · · · · · ·
\$100,000 in compensation from the organiz	ation > 0			_					3493	Form 990 (201

Check if Schedule O contains a response to any question in this Part VIII	
Total revenue Related or exempt bus function revenue	C) (D) elated Revenue excluded from tax under sections 512, 513, or 514
1 a Federated campaigns 1 a	
b Membership dues 1b 9,100.	
⊈ c Fundraising events 1 c	
d Related organizations 1 d	
e Government grants (contributions)	
Ta Federated campaigns  1 a Federated campaigns  1 b 9,100.  c Fundraising events  d Related organizations  e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lns 1a-1f  b Total Add lines 1a 1f	
g Noncash contributions included in lns 1a-1f \$  h Total. Add lines 1a-1f	
Business Code  2a  b  c  d  e  f All other program service revenue  g Total Add lines 2a 2f	
□ 2a	
ш b	
Ş c	
g d	
W e	
f All other program service revenue	
g Total. Add lines 2a-2f	
3 Investment income (including dividends, interest and	
other similar amounts)	
4 Income from investment of tax-exempt bond proceeds >	_
5 Royalties	
(i) Real (ii) Personal	
6a Gross rents	1
b Less rental expenses	
c Rental Income or (loss)	
d Net rental income or (loss)	
7 a Gross amount from sales of (i) Securities (ii) Other	
assets other than inventory	
b Less cost or other basis	
and sales expenses	
c Gain or (loss)	
d Net gain or (loss)	
8a Gross income from fundraising events (not including \$	
	ļ
See Part IV, line 18  b Less direct expenses  b 31,749.	
b Less direct expenses b 31,749.	
c Net income or (loss) from fundraising events 23,898.	
23,000.	
9a Gross income from gaming activities See Part IV, line 19 a 4,255.	ļ
<b>b</b> Less direct expenses <b>b</b> 928.	
c Net income or (loss) from gaming activities 3, 327. 3, 327.	
10a Gross sales of inventory, less returns	
and allowances a 163,767.	Į.
<b>b</b> Less cost of goods sold <b>b</b> 147, 985.	
c Net income or (loss) from sales of inventory 15, 782. 15, 782.	
Miscellaneous Revenue Business Code	
11a	
b	
d All other revenue	
d All other revenue	
e Total. Add lines 11a-11d  12 Total revenue. See instructions	
12   Total revenue. See instructions   61,007.   19,109.	0. 0. 0. Form <b>990</b> (2012)

#### PartiX Statement of Functional Expenses

Sect	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a r			omplete column (A)	X
	<del></del>	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	17,969.	17,969.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,200.	2,200.		
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				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
t	<b>)</b> Legal				
c	: Accounting				
c	<b>i</b> Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch O) Advertising and promotion	572.	572.		
13	Office expenses	676.	676.	<del></del>	
14	Information technology	070.	670.		<del></del>
15	Royalties	<del></del>			<del></del>
16	Occupancy				
17	Travel	86.	0.6		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		86.		
• -	Conferences, conventions, and meetings Interest	197.	197.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	<u>3,</u> 725.	3,725.		
	Insurance	3,044.	3,044.		
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)				
a	UTILITIES	11,477.	11,477.		<u> </u>
	OFFICER EXPENSES	7,010.	3,505.	3,505.	
	PROPERTY TAXES	6,803.	6,803.	3,303.	
	MISC TAXES	_ 6,444.	6,444.		
	All other expenses SEE SCH. O	9,043.	9,043.		<del></del>
25	Total functional expenses. Add lines 1 through 24e	69,246.	65,741.	3,505.	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 ► ☐ if following SOP 98-2 (ASC 958-720)	07,240.	03) 141.		<u> </u>

Part X Balance Sheet

BAA

152,186.

Form 990 (2012)

Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year 1 1,417.Cash - non-interest-bearing 13,517 Savings and temporary cash investments 2 493 10,712. 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other 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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net Inventories for sale or use 8 4,794 4,794. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 435,832 b Less. accumulated depreciation 10b 100 306,175 133,382 129,657 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 152,186 146,580 Accounts payable and accrued expenses 17 17 278 Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 34,029 36,940. Unsecured notes and loans payable to unrelated third parties 24 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 Total liabilities. Add lines 17 through 25 34,307. 26 36,940 Organizations that follow SFAS 117 (ASC 958), check here > x and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 117,879 27 109,640. Temporarily restricted net assets 28 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 117,879 109,640. 34 Total liabilities and net assets/fund balances 34 146,580.

Form	1990 (2012) FRATERNAL ORDER OF EAGLES AERIE 21/3	23-7138231	Pa	ige 12
Par	t XIII Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,0	07.
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,2	246.
3	Revenue less expenses Subtract line 2 from line 1	3	<u>-8,2</u>	239.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	117,8	379.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O).	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	109,6	540.
Pai	t:XIII	1 1		
	Check if Schedule O contains a response to any question in this Part XII			
_			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 Schedule O			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both	viewed on a		
	Separate basis Consolidated basis Both consolidated and separate basis			Cummina and
Ł	Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a spasis, consolidated basis, or both	eparate	*.	
	Separate basis Consolidated basis Both consolidated and separate basis			
(	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule ${\sf O}$			
3 a	i As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3 a	х
ŀ	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	3 Ь	
BAA			Form <b>990</b>	(2012)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 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

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Employer identification number

FR	ATERNAL ORDER OF EAGLES AERIE	2173		23-7138231
-	Organizations Maintaining Dong the organization answered 'Yes'	or Advised Funds or Othe	er Similar Funds or A	ccounts. Complete if
	the organization anovered too	(a) Donor advised f		) Funds and other accounts
1	Total number at end of year	(2) 201101 4441304 1	41100	y t and and other accounts
2				
3				
4				
_	•			1.5
5	are the organization's property, subject to the	organization's exclusive legal	control?	∐ Yes ☐ No
6	Did the organization inform all grantees, done for charitable purposes and not for the benefi impermissible private benefit?	ors, and donor advisors in writing to the donor or donor advisor,	ng that grant funds can be or for any other purpose o	used only conferring Yes No
Pa	Conservation Easements. Comp	olete if the organization a	nswered 'Yes' to Form	1 990. Part IV. line 7.
1				
	Preservation of land for public use (e.g.,	recreation or education)	Preservation of an histo	rically important land area
	Protection of natural habitat	·	Preservation of a certific	ed historic structure
	Preservation of open space	L		
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation cont	ribution in the form of a cons	servation easement on the
				Held at the End of the Tax Year
	a Total number of conservation easements		2 a	
	<b>b</b> Total acreage restricted by conservation ease	ments	2 b	
	c Number of conservation easements on a cert	fied historic structure included	ın (a) 2 c	
	d Number of conservation easements included structure listed in the National Register	ın (c) acquired after 8/17/06, ar	nd not on a historic 2 d	
3	Number of conservation easements modified, tra tax year ►	nsferred, released, extinguished,	or terminated by the organiza	ation during the
4	Number of states where property subject to cons	ervation easement is located >		
5		egarding the periodic monitoring	g, inspection, handling of v	violations, Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conserv	vation easements during the	year
7	Amount of expenses incurred in monitoring, insp	ecting, and enforcing conservation	n easements during the year	
8	Does each conservation easement reported o and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the red	quirements of section 170(	h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its re to the organization's financial s	evenue and expense stateme statements that describes t	ent, and balance sheet, and the organization's accounting for
Pa	Organizations Maintaining Collections Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990,	Treasures, or Other S Part IV, line 8.	imilar Assets.
1	a If the organization elected, as permitted unde art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its fina	eld for public exhibition, education	<ol> <li>or research in furtherance.</li> </ol>	ment and balance sheet works of of public service, provide,
	b If the organization elected, as permitted unde historical treasures, or other similar assets held if following amounts relating to these items	er SFAS 116 (ASC 958), to repo	ort in its revenue statemen	t and balance sheet works of art, ublic service, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1		►\$
	(ii) Assets included in Form 990, Part X	•		►\$
2	If the organization received or held works of art, amounts required to be reported under SFAS	historical treasures, or other simil 116 (ASC 958) relating to thes	ar assets for financial gain, pe items	provide the following
	a Revenues included in Form 990, Part VIII, line	<del>-</del>	= :== <del>:::=</del>	<b>►</b> \$
	<b>b</b> Assets included in Form 990, Part X			►\$

Scriedule D (Form 990) 2012 FRAT				23-713			Page 2
Part III Organizations Mainta	ining Collect	ions of Art, Hist	orical Treasures, o	or Other Similar Ass	sets (c	<u>ontinu</u>	ıed)
3 Using the organization's acquisition items (check all that apply)	n, accession, and	other records, check	any of the following that a	are a significant use of its	collection	n	
a Public exhibition		<b>d</b> Loan	or exchange programs				
<b>b</b> Scholarly research		e Othe	r				
c Preservation for future gene	rations	<u>—</u>		-			
4 Provide a description of the organi. Part XIII	zation's collection	s and explain how the	ey further the organization	's exempt purpose in			
5 During the year, did the organiza	ation solicit or re	ceive donations of a	rt, historical treasures,	or other similar assets		-	
to be sold to raise funds rather t	han to be maint	ained as part of the	organızatıon's collectıor	17	Yes	; <u> </u>	No
Partily Escrow and Custodial Arr	n Form 990,	mplete if the organi Part X, line 21.	zation answered 'Yes' t	o Form 990, Part IV, III	ne 9, or		
1 a Is the organization an agent, tru on Form 990, Part X?	stee, custodian,	or other intermediar	y for contributions or ot	her assets not included	Yes	 ; [	No
<b>b</b> If 'Yes,' explain the arrangemen	t in Part XIII and	complete the follow	ving table		<u> </u>		_ 
					Amoun	it	
c Beginning balance				1 c			
d Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an a	amount on Form	990, Part X, line 21	7		Yes	,	No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII Check here if the explantion has been provided in Part XIII							
Part V Endowment Funds.	omplete if th	e organization ai	nswered 'Yes' to Fo	orm 990, Part IV, Iir	ne 10.		
	(a) Current	(b) Prior ye		(d) Three years		Four yea	rs
1 a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships		<del>-  </del>					
Other expenditures for facilities and programs							
f Administrative expenses		-			<del> </del>		
g End of year balance				_			
2 Provide the estimated percentage	e of the current	vear end halance (li	ne 1g. column (a)) held	ac			
a Board designated or quasi-endown		year end balance (ii	rie Tg, coluitiii (a)) field	as			
<b>b</b> Permanent endowment		°					
c Temporarily restricted endowme		٥					
The percentages in lines 2a, 2b,							
3a Are there endowment funds not in			are held and administere	d for the			
organization by	роззосовног от	the organization that	are ricia and administere	a for the	[	Yes	No
<ul><li>(i) unrelated organizations.</li></ul>					3a(i)		
(ii) related organizations					3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related	organizations lis	ted as required on S	chedule R?		3b		
4 Describe in Part XIII the intender							
Part VI Land, Buildings, and	Equipment.	See Form 990, P	art X. line 10.				
Description of property		Cost or other basis (investment)		(c) Accumulated depreciation	(d)	Book va	alue
1 a Land						75	,287.
<b>b</b> Buildings		<del></del> _	231,431.	212,852.			,579.
c Leasehold improvements			109,607.	76,532.			, 075.
<b>d</b> Equipment			19,507.	16,791.			,716.
e Other	$\vdash$		15,507.	10, 151.			, , 10.
Total. Add lines 1a through 1e (Colum	nn (d) must eauz	al Form 990. Part X	column (B), line 10(c)	<u> </u>		120	,657.
ВАА	( )				lule <b>D</b> (Fo		
				_ 000			, <del>-</del>

Schedule <b>D</b>	(Form 990) 2012	FRATERNAL ORDER	OF EAGLES AERIE	2173	23-7138231 P	age 3
Part VII	Investments -	- Other Securities. S	ee Form 990, Part X	, line 12. N/A		
	(a) Description of s (including nar	security or category me of security)	(b) Book value		thod of valuation: Cost or d-of-year market value	
(1) Financia	al derivatives					_
(2) Closely-	-held equity interes	sts				
(3) Other						
(A)		<b></b>				
(A) (B) (C)						
(C)					<del>-</del>	
(D)						
(D) (E)						
(F)		<b></b>				
(F) (G)						
(H)						
(l)						
Total (Column	n (b) must equal Form 9	990, Part X, column (B) line 12)	<b>•</b>			
		- Program Related. S	ee Form 990, Part X	, line 13. N/A		
<u> </u>		f investment type	(b) Book value	(c) Me	thod of valuation Cost or	
				en	d-of-year market value	
(1)	<del> </del>	<del> </del>				
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)		<u> </u>				
Total. (Column	in (h) must enual Form (	990, Part X, column (B) line 13)	<b>•</b>			
	<del></del>					
Part IX	<del></del>	See Form 990, Part	K, line 15. N/.	A		
Part IX	<del></del>	See Form 990, Part		A	(b) Book valu	е
Part IX	<del></del>	See Form 990, Part	K, line 15. N/.	A	(b) Book valu	е
(1) (2)	<del></del>	See Form 990, Part	K, line 15. N/.	A	(b) Book valu	e
(1) (2) (3)	<del></del>	See Form 990, Part	K, line 15. N/.	A	(b) Book valu	e
(1) (2) (3) (4)	<del></del>	See Form 990, Part	K, line 15. N/.	A	(b) Book valu	e
(1) (2) (3) (4) (5)	<del></del>	See Form 990, Part	K, line 15. N/.	A	(b) Book valu	e
(1) (2) (3) (4) (5) (6)	<del></del>	See Form 990, Part	K, line 15. N/.	A	(b) Book valu	e
(1) (2) (3) (4) (5) (6) (7)	<del></del>	See Form 990, Part	K, line 15. N/.	A	(b) Book valu	e
(1) (2) (3) (4) (5) (6) (7) (8)	<del></del>	See Form 990, Part	K, line 15. N/.	A	(b) Book valu	e
(1) (2) (3) (4) (5) (6) (7) (8) (9)	<del></del>	See Form 990, Part	K, line 15. N/.	A	(b) Book valu	e
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets.	See Form 990, Part (a)	K, line 15. N/. Description	A		e
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col	Other Assets.	See Form 990, Part (a) (a)	K, line 15. N/. Description	A	(b) Book valu	e
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets.	See Form 990, Part X, columes. See Form 990, Part X, colum	M, line 15. N/. Description  In (B), line 15 )  art X, line 25.			e
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col	Other Assets.	See Form 990, Part (a) (a)	K, line 15. N/. Description			e
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col	Other Assets.	See Form 990, Part X, columes. See Form 990, Part X, colum	M, line 15. N/. Description  In (B), line 15 )  art X, line 25.			е
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col. Part X	Other Assets.	See Form 990, Part X, columes. See Form 990, Part X, colum	M, line 15. N/. Description  In (B), line 15 )  art X, line 25.			е
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Coll Part X  (1) Feder (2) (3)	Other Assets.	See Form 990, Part X, columes. See Form 990, Part X, colum	M, line 15. N/. Description  In (B), line 15 )  art X, line 25.			е
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col Part X  (1) Feder (2) (3) (4)	Other Assets.	See Form 990, Part X, columes. See Form 990, Part X, colum	M, line 15. N/. Description  In (B), line 15 )  art X, line 25.			е
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col. Part X (2) (3) (4) (5)	Other Assets.	See Form 990, Part X, columes. See Form 990, Part X, colum	M, line 15. N/. Description  In (B), line 15 )  art X, line 25.			е
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col Part X (2) (3) (4) (5) (6) (6)	Other Assets.	See Form 990, Part X, columes. See Form 990, Part X, colum	M, line 15. N/. Description  In (B), line 15 )  art X, line 25.			е
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col Part X (2) (3) (4) (5) (6) (7)	Other Assets.	See Form 990, Part X, columes. See Form 990, Part X, colum	M, line 15. N/. Description  In (B), line 15 )  art X, line 25.			е
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Col.  Part X  (1) Feder (2) (3) (4) (5) (6) (7) (8)	Other Assets.	See Form 990, Part X, columes. See Form 990, Part X, colum	M, line 15. N/. Description  In (B), line 15 )  art X, line 25.			е
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Feder (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) Feder (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.	See Form 990, Part X, columes. See Form 990, Part X, colum	M, line 15. N/. Description  In (B), line 15 )  art X, line 25.			е
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (7) (8) (6) (7) (8) (6) (7) (8) (9) (10) (7) (8) (9) (10) (10) (10) (10) (10) (10)	Other Assets.	See Form 990, Part X, columes. See Form 990, Part X, colum	M, line 15. N/. Description  In (B), line 15 )  art X, line 25.			е
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (7) (6) (7) (8) (9) (10) (7) (8) (9) (10) (10) (10) (11)	Other Assets.  Jumn (b) must equal Other Liabilitical Description of the Company	See Form 990, Part X, columes. See Form 990, Part X, columes. See Form 990, Part X, columns of liability	M, line 15. N/. Description  In (B), line 15 )  art X, line 25.			e
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (7) (8) (9) (10) (7) (8) (9) (10) (11) (10) (11) (11) (11) (11) (11	Other Assets.  Jumn (b) must equal Other Liabiliti (a) Description (a) The community of the	See Form 990, Part X, columes. See Form 990, Part X, column (B) line 25)	In (B), line 15 )  Int X, line 25.  (b) Book value	B		

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Schedule **D** (Form 990) 2012

Schedule D (Form 990) 2012 FRATERNAL ORDER OF EAGLES AERIE 2	173	23-7138231	Page 4
PartXI属 Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue pe	er Return N/A	
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			
a Net unrealized gains on investments	2 a		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	)	5	
Rart XII Reconciliation of Expenses per Audited Financial Statement	ents With Expenses	per Return N/A	
Total expenses and losses per audited financial statements	<u></u>	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a		
<b>b</b> Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII )	2 d		
e Add lines 2a through 2d	L	2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		<b>440</b>	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b.		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	)	5	
Part XIII Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, F line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also co	Part III, lines 1a and 4, Pamplete this part to provide	art IV, lines 1b and 2b, Fe any additional informa	'art V, ition
	·		. <b></b>
	· <del> </del>	<b></b>	
	·	- <b></b>	<b>-</b> -
	· <b>-</b>	<b>-</b>	<b>-</b>
	·	<b></b>	

Schedule **D** (Form 990) 2012

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#### . SCHEDULE G (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

2012

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Department of the Treasury Internal Revenue Service Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization		_	_	·		Employer identifica	ition number	
FRATERNAL ORDER OF EAGLES	AERIE 21	.73	_			23-713823	1	
Rart Fundraising Activities. Comp								
1 Indicate whether the organization i	aised funds th	rough any	of the follo	owing activities Check	all that	apply		
a Mail solicitations			е	Solicitation of non-	governn	nent grants		
<b>b</b> Internet and email solicitations			f	Solicitation of gove	ernment	grants		
c Phone solicitations			α	X Special fundraising	events	_		
d  n-person solicitations			9		,			
_ · _ ·		10						
2a Did the organization have a written or employees listed in Form 990, Par	t VII) or entity	ın connéct	tion with p	rofessional fundraising	services	۶,	Yes [	ŊNo
<b>b</b> If 'Yes,' list the ten highest paid individed compensated at least \$5,000 by the	e organization	s (fundraise	ers) pursua		which the	fundraiser is to		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		fundraiser	(iv) Gross receipts	(v) An	nount paid to etained by)	(vi) Amount par (or retained b	
or entity (fundraiser)		of contr	dy or control ributions?	from activity	fundra	etained by) siser listed in olumn (i)	organization	y <i>)</i> I
	<del></del>	Yes	No		<u> </u>			
1								
2								
3								
4								
5	-					-		
6							-	
7								
8								
9					ļ			
10								
	<u>-</u> ,	<del> </del>	<b>-</b>					<u>0</u> .
3 List all states in which the organization or licensing KY	on is registered	or licensed	to solicit c	contributions or has been	notified i	t is exempt from	registration	
						<b>-</b>		- <i></i>
						<b></b>		
		_ <b></b>						
		_ <b></b>						
								<b>-</b>
			~- <b>-</b> -					
								- <b>-</b> -

Sche	dule	<b>G</b> (Form 990 or 990-EZ) 2012 <b>FRATERN</b>	IAL ORDER OF EA	GLES AERIE 2173	23-713	38231 Page <b>2</b>
	t'lli	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts great events.	the organization ar event contributions	nswered 'Yes' to Fo	rm 990, Part IV, Iir	ne 18, or reported lines 1 and 6b.
R			(a) Event #1  NOV 2012 DRAWI (event type)	(b) Event #2  JUNE 2012 DRAW  (event type)	(c) Other events  NONE (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	29,522.	_26,125.		55,647.
Ē	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	29,522.	26,125.		55,647.
	4	Cash prizes	9,500.	4,350.		13,850.
D	5	Noncash prizes		_17,200.		17,200.
DIRECT	6	Rent/facility costs			<u> </u>	
	7	Food and beverages				
X P	8	Entertainment				
EXPENSES	9	Other direct expenses	402.	297.		699.
S	10 11	Direct expense summary. Add lines 4 thr Net income summary. Combine line 3, co	3 ,			31,749. 23,898.
Par	tilli	<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' to Form 990, Par	t IV, line 19, or rep	oorted more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ü E	1	Gross revenue				
-	2	Cash prizes.				
DRE	3	Non-cash prizes				
DIRECT S	4	Rent/facility costs				
	5	Other direct expenses	_			
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		•	

	8 Net gaming income summary Combine lines 1, column (d) and line 7	<b>&gt;</b>	
9	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	Yes	No
	a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If 'Yes,' explain	Yes	No

		-/138231	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	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	No
13	Indicate the percentage of gaming activity operated in:	1	
	The organization's facility	13a	8
	An outside facility	13 Ь	<del></del> 8
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address ►	- <b></b>	
15 a	Does the organization have a contact with a third party from whom the organization receives gaming revenue of If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$	Yes Yes	No
c	: If 'Yes,' enter name and address of the third party		
	Name •		· <del>-</del> <sub>1</sub>
	Address •		
16	Gaming manager information		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided •		<b>-</b> -
	Director/officer Employee Independent contractor		
17	•		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne	
	organization's own exempt activities during the tax year > \$		
Rar	<b>Supplemental Information.</b> Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applications this part to provide any additional information (see instructions).	by Part I, line 2 able. Also comp	2b, olete
			<del></del>
_			
	<u> </u>		

# SCHEDULE I

Department of the Internal Revenue

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

► Attach to Form 990.		ER OF EAGLES AERIE 2173	nformation on Grants and Assistance
Department of the Treasury Internal Revenue Service	dame of the organization	FRATERNAL ORDER	Rartil General Inf

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

**ջ** □ X Yes

23-7138231

**Exitable Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

י סווו ססס, ו מורוץ, וווס בי יסי מווץ וכסוףוני ניומר	of any recipient			מול זו כמו זכ ממטוני	מככת וו מתחונות ומו	space is incode	<u>.</u>
1 (a) Name and address of organization or government	( <b>b</b> ) 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) FAIRDALE HIGH SCHOOL YOUTH 1001 FAIRDALE RD LOUISVILLE, KY 40118	61-6001316		12,579.	0			SPORTS PROGRAM
(2)							
				-	•		
(3)							
(4)							
(5)							
				•			
(9)							
<u>w</u>							
		i					
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	) and government org	ganizations listed in	n the line 1 table			<b>A</b>	6
3 Enter total number of other organizations listed in the line 1 table.	ons listed in the line	1 table.				•	1

Schedule I (Form 990) (2012)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance 2,200. (c) Amount of cash grant 2 (b) Number of recipients additional information. (a) Type of grant or assistance 1 CASH

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Schedule I (Form 990) (2012)

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

2012 Open to Public Inspection

OMB No 1545 0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
FRATERNAL ORDER OF EAGLES AERIE 2173	23-7138231
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAI	REHOLDER
THE FRATERNAL ORDER OF EAGLES, AN INTERNATIONAL NON-PROFIT ORGA	ANIZATION, UNITES
FRATERNALLY IN THE SPIRIT OF LIBERTY, TRUTH, JUSTICE, AND EQUAL	ITY, TO MAKE HUMAN
LIFE MORE DESIRABLE BY LESSENING ITS ILLS, AND BY PROMOTING PER	ACE, PROSPERITY,
GLADNESS AND HOPE.	<b></b>
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVE	ERNING BODY
MEMBERS VOTE FOR 5 TRUSTEES AND MAJORITY WINS. MEMBERS ALSO VO	OTE ON WHAT ACTIVITIES
THE AERIE (LOCAL GROUP) WILL PARTICIPATE IN AND WHAT CHARITIES	TO DONATE FUNDS TO.
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
CPA PREPARES THE 990, IT IS REVIEWED BY THE BOOKKEEPER AND THEN	BY THE TRUSTEES
BEFORE FILING TO BE SURE ALL INFORMATION IS ACCURATE.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	/AILABLE
UPON REQUEST, DISCLOSURES ARE MADE TO THE PUBLIC OF ALL REQUIRE	ED DOCUMENTS
	. <b> </b>
	<b>-</b>