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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2012 calendar year, or tax year beginning 2012, and ending 20 13 C Name of organization FRATERNA D Employer identification number Check if applicable 45-0223622 Doing Business As Address change Number and street (or PO box if mail is not delivered to street address) Room/suite Name change Box Initial return City, town or post office, state, and ZIP Terminated 58075 WAHPETON Amended return H(a) Is this a group return for affiliates? Yes No F Name and address of principal office Application pending WAHPETON N.D. If "No," attach a list (see instructions) Tax-exempt status Website ▶ H(c) Group exemption number ▶ Association Other FRATERNAL L Year of formation Form of organization Corporation Trust M State of legal domicile Summary Part I Briefly describe the organization's mission or most significant activities. Fraternal are " People" is our Mission statement. SCANNED JUL 3 1 2013 Activities & Governance Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2012 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 Current Year **Prior Year** 269 Contributions and grants (Part VIII, line 1h) 237 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII column A), lines 5:66-8c, 9c, 10c, and 11e)
Total revenue – add lines 8 hrough — (must-equal Part VIII, column (A), line 12) 33900 11 34040 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
Benefits paid to or for members (Part X, 20 tumn (A), line 4) 13 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 139896 15 Professional fundraising fee (Path XAcolumn (A) 16a Total fundraising expenses (Part IX, column (D) line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 163502 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 19 End of Year 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block 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 Signature of officer Here Type or print name and title PRESIDEN Wate land Print/Type preparer's name Check / if Paid DouG 9-2-13 self-employed Preparer Firm's EIN > 4/-/489243 Phone no 2-18643 /936 Use Only

Yes 🗌 No Form 990 (2012)

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

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission, People Helping People	
2		es 🗓 No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	es I No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as rexpenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported	neasured by
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$	
	N/A	
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	.) A	
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
40	Total program capica expenses	

Part IV	Checklist of Required Schedules
- 7-7-2 117	Chacklist at Daguirad Schadulas
	CHECKISI DI NEGULI EU SCHEGGIES

If "Yes," complete Schedule G, Part III

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

art l	V 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	-	- /
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		<u>/</u>
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>/</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	-	^
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		✓
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		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		/
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		/
0	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		/
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	/	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		V
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		/
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		/
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		/
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		/
b	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		/
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
4 a		14a		
b	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		/
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		/
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		/
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		/
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		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			

19

20a 20b

Part IV	Checklist of	Required Sc	hedules (co	ontinued)

- 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
- 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 27 If "Yes," complete Schedule I, Parts I and III
- Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Schedule J
- 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25
 - b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
 - 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?
 - d Did the organization act as an "on behalf of," issuer for bonds outstanding at any time during the year?
- Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year2-If "Yes," complete Schedule L, Part I
 - 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
- Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, o 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II
- Did the organization provide a grant or other assistance to an officer, director, trustee, key employee 27 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
- Was the organization a party to a business transaction with one of the following parties (see Schedule L 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions)
 - a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
 - A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
 - c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereo was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M
- Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N 31
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, complete Schedule N, Part II
- Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I
- Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III 34 or IV, and Part V, line 1
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
- Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,
- 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

		Yes	No	
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d	38	/		
	For	ggn	(2012)	

Form **990** (2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V				
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a -0-				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b o-				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		_		
	reportable gaming (gambling) winnings to prize winners?	1c	/		
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 23				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	V		
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		ļ	/	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_		NI
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		<i>-</i>	
b	If "Yes," enter the name of the foreign country		ļ		
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	_ '		_	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			NI
С 62	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c	_		,
6a		6a		·/	
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or				NII
_	gifts were not tax deductible?	6b			. ,.
7 a	Organizations that may receive deductible contributions under section 170(c).				- 1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70	j		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b			ł
b	Did the organization hotily the donor of the value of the goods of services provided?	7.5			11
·	required to file Form 8282?	7c			NJF
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10	-		·
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			i
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>	- [
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			1
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, have excess business holdings at any time during the year?	8			MA
9	Sponsoring organizations maintaining donor advised funds.	ا ا			. ,
а	Did the organization make any taxable distributions under section 4966?	9a			.//
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			~ /
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12 . 10a 1/A				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1			
11	Section 501(c)(12) organizations. Enter.	1			
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources	1			
	against amounts due or received from them)	j	ĺ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			NI
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				. ,1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	L		יוא
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans]			
С	Enter the amount of reserves on hand	ļ	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1	./1#
h	If "Voc " has it filed a Form 720 to report these payments? If "No " provide an evaluation in Schodule O	1446	ı	Į.	NII

Part					,
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O S Check if Schedule O contains a response to any question in this Part VI	iee ins	structi	ons IX	/
Secti	on A. Governing Body and Management			ريحو	•
			Yes	No	-
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4				
	If there are material differences in voting rights among members of the governing body, or				
	If the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O				
р 2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
2	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	-		<u> </u>	-
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		V	•
6	Did the organization have members or stockholders?	6		1	•
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				-
	one or more members of the governing body?	7a	V		_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
_	stockholders, or persons other than the governing body?	7b	_		_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
_	the year by the following		ار .		
a	The governing body? Feel committee with authority to get on helpelf of the governing body?	8a 8b		<u>.</u>	-
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	80	-		-
·	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	ode)		-
			Yes	No	-
10a	Did the organization have local chapters, branches, or affiliates?	10a			•
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				N/ 1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	-		-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	/		-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		1		-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c			
13	Did the organization have a written whistleblower policy?	13			-
14	Did the organization have a written document retention and destruction policy?	14			-
15	Did the process for determining compensation of the following persons include a review and approval by		_		-
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a			
b	Other officers or key employees of the organization	15b		1	-
	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			-
b	, , , , , , , , , , , , , , , , , , ,				
	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?	461			11
Sacti	on C. Disclosure	16b			-
17	List the states with which a copy of this Form 990 is required to be filed North Dakota N/	P-			-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5010	c)(3)s	only)
	available for public inspection. Indicate how you mage these available. Check all that apply	(,,,-,-		•
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	rest p	olicy	,
	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 records			• .	
	organization > FRED ROWIN DaKOTA AVA WALPETON ND 58075 701-				
	· · · · · · · · · · · · · · · · · · ·	Forr	ո 990	(2012)

Form	990	(2012)	

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 no	r any related	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee
				((C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and Title	Average					e than c		Reportable	Reportable	Estimated
Name and Title	hours per					is both or/trust		compensation	compensation from	amount of
	week (list any		$\overline{}$					from	related	other
	hours for	or d	nst	Officer	eŷ	철학	Former	the	organizations	compensation
	related	lrec vide	it I	cer	еп	nest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	i i i) S	•	plo	ee co		(VV-2/1099-IVIISC)		organization and related
	line)	Individual trustee or director	<u>#</u>	ŀ	Key employee	m pe				organizations
	i	tee	Institutional trustee	ŀ		Sane				
	İ		ě			Highest compensated employee				
1111100									, ,	11.
(1) Kevin Wateland - President	5			/				N/A	N/A	\mathcal{N}/A
WALPOTO NO	<u> </u>			ĺ				///	/ / / .	/ / / /
(1) Kevin Wateland - Prespont WAYPOTON ND (2) Wenfred Rowin Secretary Fairmount, ND (3) Clarence Schitz V-Pres.	35			,						
Fail Maken + ND	٠٠٠٠٠٠			✓	i			/	/	
(3) Clapionee Schitz V. Pres				/					(
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(4) Roger Richels - Treas	~				7			<u> </u>	\	
1 Sul Paker ALB				V)	/)
(5) Dun Eichhenn - Trustee	5								/	
WAHPeton, ND		•							/	
(6) Cliff Burth - Trustee	5									
(7) Glen Kruggen - Trusted		V								
(7) Glen Kruppen - Truster	3	/							, , ,	
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	t									

•	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	s pe d a d	ition more rson irecte	Ihan o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Ofticer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	from the organization and related organizations
15)											
16)											
17)											
18)		-									
19)											
20)											
21)						-					
22)											
23)											
24)				ļ							-
25)											
1b	Sub-total Total from continuation sheets to Part	VII. Section	on A	<u></u>				>	NIA	NA	AIA
d	Total (add lines 1b and 1c) . Total number of individuals (including bu					• o d		>	the recovered m	ore then \$100	000 of
	reportable compensation from the organ					ieu —		e) w	mo received m	ore than \$100,	
3	Did the organization list any former o employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compensa	Yes Nated 3
4	For any individual listed on line 1a, is the organization and related organizations individual										
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indivi	
Section	on B. Independent Contractors				-			-			1 3 1
1	Complete this table for your five highest compensation from the organization. Re year										
	(A) Name and business ad	dress							(B) Description of s	services	(C) Compensation
	10.								1 0		.) IA
	NON								NIT		<u> </u>

•		Check if Schedule O contains a respons	onse to any ques	suon in this Part	VIII	,	Ļ
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	269	4			
ΩÉ	С	Fundraising events 1c	0.0	-			
fts	l .	- <u>-</u>		-	1		
ੁ ਵੇਂ	d	Related organizations 1d					
ns,	е	Government grants (contributions) 1e					
er S	f	All other contributions, gifts, grants,					
효		and similar amounts not included above 1f					
ntr d C	g	Noncash contributions included in lines 1a-1f \$					
Co	h	Total. Add lines 1a-1f	>	269			
			Business Code				-
Program Service Revenue	2a						
3ev	b						
Se							
Ĕ	C						
Se	d						
am	е						
ogr	f	All other program service revenue					
ሷ	g	Total. Add lines 2a-2f	>				
	3	Investment income (including divid	ends, interest,				
		and other similar amounts)	>	191			
	4	Income from investment of tax-exempt be	ond proceeds ▶				
	5	Royalties .	►				
		(i) Real	(ii) Personal				
	6a	Gross rents	(/ /	-			
				-			
	b	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	•				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less cost or other basis					
		and sales expenses					1
	С	Gain or (loss) .			İ		
	d	Net gain or (loss)	>			-	
	<u> </u>	Net gain or (1003)					
/enne	8a	Gross income from fundraising events (not including \$					
Other Reve		of contributions reported on line 1c)					
<u>.</u>		See Part IV, line 18					
ŧ	b	Less direct expenses b	<u> </u>				
0		Net income or (loss) from fundraising				-	
	C		events >				
	94	Gross income from gaming activities See Part IV, line 19					
		u					
		Less direct expenses b					
		Net income or (loss) from gaming acti	vities >				
	10a	Gross sales of inventory, less					
		returns and allowances a	407462				
-	b	Less cost of goods sold b					,
	С	Net income or (loss) from sales of inve		270960			
Ì		Miscellaneous Revenue	Business Code	3 , 0, 7, 0			
ŀ	11a	··· · · · · · · · · · · · · · · · · ·	900099	4010		-	
	b	misc Income		6010	-		
		Donations	900099				
	c C	Transfers	900099	69003	-		
	d	All other revenue		1 m			
	e	Total. Add lines 11a-11d	•	75013			
	12	Total revenue. See instructions	. •	346433			

Part IX	Statement of Functional Expenses
	Otatoment of Familian Expenses

Seçtic	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns A	All other organization	ns must complete co	lumn (A)
	Check if Schedule O contains a respon	se to any question	ın this Part IX	-	
	nt include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
^	organizations 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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1640			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	110642			
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .	52280			
11	Fees for services (non-employees)				
a b	Management				
C	Legal Accounting	2925			
d	Lobbying .	<u> </u>			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	5888			
13	Office expenses	7668			
14	Information technology				
15	Royalties				·
16	Occupancy Rent / Utilities	28825			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	537			
20	Interest .				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	2782			
24	Other expenses Itemize expenses not covered	2182			
24	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)				
а.	secur 29.85 Sales IRE Tax 32500	35485			
b	Aux 2725 few 2081 Aerie 30	4836			
CL	Secur 29.85 sales Re Tax 32500 Aux 2725 few 2081 Aerie 30 ic 1860 Maint 31173 Funeral 426	33459			
d	Banks 178/6 Supp 8820 misc 14461	41091			
e 25	All other expenses ' Total functional expenses. Add lines 1 through 24e	378064			
25 26	Joint costs. Complete this line only if the	20007			
20	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) If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	ı	Check if Schedule O contains a response to any question in this Part >	ζ .		
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	36346	1	20927
	2	Savings and temporary cash investments	52383	2	62011
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	-0-	4	5909
	5	Loans and other receivables from current and former officers, directors,			<u> </u>
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	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			
S	1	organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	13359	8	11548
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or		<u> </u>	
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b	546505	10c	568576
	11	Investments—publicly traded securities	<u> </u>	11	JUUJ 74
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	648593	16	668971
	17	Accounts payable and accrued expenses	9477	17	668971
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
₹		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	-0-		- 0 -
	00	•	044	25	111/09
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	997/	26	// 78 /
es		complete lines 27 through 29, and lines 33 and 34.			
u.	27	Unrestricted net assets		27	
ale	28	Temporarily restricted net assets .		28	
d E	29	Permanently restricted net assets		29	
'n		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □	 		
٦٢		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds	639116	32	657484
Nei	33	Total net assets or fund balances	639116	33	657484
	34	Total liabilities and net assets/fund balances	648593	34	668971

Part	Reconciliation of Net Assets		_	•	
•	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	246	43	3_
2	Total expenses (must equal Part IX, column (A), line 25)	2	328	06	7
3	Revenue less expenses Subtract line 2 from line 1	3	18	36	9
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	639	114	
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) Fractions only	9	_ <		>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, Ine 33, column (B))	10	65	748	74
art	XII Financial Statements and Reporting				
	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 🗌 Cash 🗹 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	laın ın		1	
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	ıled or			
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis 🗹 Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent accour		2c	V	
	If the organization changed either its oversight process or selection process during the tax year, exp	olain in			
_	Schedule O				
3a		orth in			, ,
	the Single Audit Act and OMB Circular A-133?		3a	1	!/A
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		01		///
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	aits	3b		
			Forr	n 990	(2012)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Inspection ---

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization

Employer identification number

-Ro	TERNAL ORDER OF EAGI		2799			-022	
Par					inds or a	Accounts.	. Complete if the
	organization answered "Yes" to Fo	· · · · · · · · · · · · · · · · · · ·					
			(a) Donor advise	d funds		(b) Funds and	other accounts
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year) .						
4 5	Aggregate value at end of year Did the organization inform all donors and	donor advis	ore in writin	a that the accets	hold in a	donor advis	
5	funds are the organization's property, subject					מויטנ מטיוטנ	⊖ Yes 🗌 No
6	Did the organization inform all grantees, dor	_		_		s can be us	
	only for charitable purposes and not for the						
	conferring impermissible private benefit?	Sonon or t	110 401101 01	441.001, 61	ioi airy	other purpe	☐ Yes ☐ No
Par	Conservation Easements. Comp	lete if the c	rganization	answered "Yes	" to Forr	m 990. Par	
1	Purpose(s) of conservation easements held by						
	Preservation of land for public use (e.g., i				of an his	torically imp	oortant land area
	☐ Protection of natural habitat		,	Preservation			
	☐ Preservation of open space						
2	Complete lines 2a through 2d if the organiza	tion held a c	qualified cons	ervation contribu	tion in the	e form of a	conservation
	easement on the last day of the tax year				_		
					į	Held at	the End of the Tax Yea
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation eas					2b	
C	Number of conservation easements on a cer			, ,	.	2c	
d	Number of conservation easements include		quired after	8/17/06, and no	t on a		
3	historic structure listed in the National Regist		ط بماممممط م	·]	2d	anisation divina tha
3	Number of conservation easements modified tax year ▶	i, transierrec	u, released, e	extinguished, or te	rminated	by the orga	anization during the
4	Number of states where property subject to	conconvation	n oacomont i	s located >			
5	Does the organization have a written poli				nspection	 handling	of
	violations, and enforcement of the conservat		-	2,0 1,10,1,10,1,1,1g, 1.	.cpcccr	.,	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitor	rına. ınspect	ing, and enfo	orcina conservatio	n easem	ents durina	
	>		g, +				
7	Amount of expenses incurred in monitoring,	inspecting, a	and enforcing	g conservation ea	sements	during the y	year
	▶\$						
8	Does each conservation easement reported	on line 2(d) a	above satisfy	the requirements	of sections	on 170(h)(4)	(B)
	(i) and section 170(h)(4)(B)(ii)?						· 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization re						
	balance sheet, and include, if applicable, the		footnote to th	ne organization's f	inancial s	statements	that describes the
	organization's accounting for conservation e					0: " 4	
Part				•		Similar A	ssets.
4.	Complete if the organization answ						. <u> </u>
1a	If the organization elected, as permitted und works of art, historical treasures, or other s						
	public service, provide, in Part XIII, the text of						
b	If the organization elected, as permitted un						
	works of art, historical treasures, or other s		•				
	public service, provide the following amounts					.,	
	(i) Revenues included in Form 990, Part VIII,	_				> \$	
	(ii) Assets included in Form 990, Part X		_	_	_	▶ \$	
2	If the organization received or held works	of art, histo	rical treasur	es, or other simil	ar assets	for financ	ial gain, provide th
	following amounts required to be reported un						3 . ,
a	Revenues included in Form 990, Part VIII, line	e 1				▶ \$	
b	Assets included in Form 990, Part X				-	▶ \$	

Part								
3,	Using the organization's acquisition, collection items (check all that apply)	accession, and o	ther reco	rds, chec	k any of the	follow	ing that are a sig	gnificant use of its
а	☐ Public exhibition d ☐ Loan or exchange programs							
b	Scholarly research		е	Other				
С	☐ Preservation for future generations							
4	Provide a description of the organizat XIII	ion's collections	and expla	ain how tl	ney further th	e org	anızatıon's exemp	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							□ Yes □ No
Part								
	line 9, or reported an amoun							,
1a	Is the organization an agent, trustee, included on Form 990, Part X?				r contributio	ns or	other assets not	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing ta	able		Am	nount
С	Beginning balance					1c		
d	Additions during the year .	•			•	1d		
е	Distributions during the year					1e		
f	Ending balance				•	1f		
2a	Did the organization include an amour	nt on Form 990, P	art X, line	21?			•	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa							
Par	V Endowment Funds. Comple		,					
		(a) Current year	(b) Pri	or year	(c) Two years I	back	(d) Three years back	(e) Four years back
1a	Beginning of year balance .							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses						· - <u></u>	
g	End of year balance .							
2	Provide the estimated percentage of t			e (line 1g	, column (a))	held a	ıs	
a	Board designated or quasi-endowmer	nt >	%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment ▶							
0-	The percentages in lines 2a, 2b, and 2	· ·						
3a	Are there endowment funds not in the organization by:	e possession of the	ne organi	zation tha	at are neid ar	na aar	ministered for the	
	- ·							Yes No
	(i) unrelated organizations							3a(ı)
h	(ii) related organizations If "Yes" to 3a(ii), are the related organi	zationa listad sa i	oourod a	an Cahadi	do D2		•	3a(ii) 3b
4	Describe in Part XIII the intended uses							30
Part								
	Description of property	(a) Cost or o	ther basis	(b) Cost o	r other basis ther)		accumulated preciation	(a) Book value (AT COST)
1a	Land	8101	 ز	ļ				8/90
b	Buildings	44050	2					440506
C	Leasehold improvements	7,000	0					170306
d e	Equipment	11988	0					119880
	Add lines 1a through 1e (Column (d) n	nust equal Form 9	90. Part	L	(B), line 10(c	:).)	•	568576

Part VIÌ	Investments—Other Securities	es. See Form 990, Part X,	line 12
. (Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	Il derivatives		
(2) Closely-	held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)		•	
(E) (F)			
(G)			
(H)			
(I)			
	(b) must equal Form 990, Part X, col (B) line 12)	>	
Part VIII	Investments—Program Relat		line 13
	(a) Description of investment type	(b) Book value	(c) Method of valuation
	,		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	· · · · · · · · · · · · · · · · · · ·		
(7)			
(9)			
(10)	(b) must equal Form 990, Part X, col (B) line 13)		
Part IX	Other Assets. See Form 990,		
FaitiA	Other Assets. See Form 990,	(a) Description	(b) Book value
(1)		(-)	(4,724)
(2)	****		
(3)			
(4)			
(5)			
(6)			
(7)			
_(8)			
_(9)	······································		
(10)	(h)15000 B1V	(C) (15)	
	umn (b) must equal Form 990, Part X,		<u> </u>
Part X	Other Liabilities. See Form 99 (a) Description of liability	(b) Book value	
	Income taxes	(b) Book value	-
(2)	Three taxes		
(3)	······	-	
(4)			
(5)			-
(6)			-
(7)			
(8)			1
(9)			
(10)			
(11)			
	(b) must equal Form 990, Part X, col (B) line 25)		
			ganization's financial statements that reports the organization's
liability for u	ncertain tax positions under FIN 48 (ASC	ン /40) Check here if the text of	the footnote has been provided in Part XIII

Page	4
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Part	XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue per	Retur	n
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	7	
С	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIII) .	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		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		
b	Other (Describe in Part XIII)	4b	1	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	9 12) .	5	····
Part			er Ret	urn
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	7	
С	Other losses	2c	7	
d	Other (Describe in Part XIII)	2d	7	
e	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:		- -+	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
b	Other (Describe in Part XIII)	4b	7	
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, In	ne 18)	5	
Part	XIII Supplemental Information		1 -	
art V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 5, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4 nation			

Schedule D (Form 990) 2012	Page 5
Part XIII Supplemental Information (continued)	
•	
$\boldsymbol{\wedge}$	
······	
1)01)0	
. 10'	
1 /	
/	

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.

► Attach to Form 990 or 990-EZ.

2012 Open to Public

OMB No 1545-0047

Department of the Treasur Internal Revenue Service

ORDER OF Eaglos # For Review in Main Hall of Aerie Postod on Bulletin Buard Part VI sect C & 19, All document are available in Aeries Secretary's office for inspection Part VI & 1a+1B officers are Elected By Members at Large - Members Vote to Pass all Bills, ect... Part TI & 118 Preparer Reviews f990 with Aerie secretary + Any other members Available. Have f990 in Secretary's office for All to Review Part III 2 19 Also financial statements are reported
At MONTHLY Aerie Meeting to All members in Attendance. Part II & 12c All information flow Through