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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

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

	T Ab		adamina luna 4 0010 and 6	onding	Max	. 24	, 20 13
<u> </u>			ndar year, or tax year beginning June 1 , 2012, and e	ending		/ 31 D. Employ	ver identification number
В			C Name of organization FRATERNAL ORDER OF EAGLES			D Linploy	
닏	Address	-	Doing Business As	om/suite		E Talaaba	87 0241227
닏	Name cha	ange		om/suite	Į.	E Telepho	ne number
닏	Initial retu	ım	PO BOX 484				435 752 8776
\sqsubseteq	Terminate	ed	City, town or post office, state, and ZIP code				
닏	Amended	l return	LOGAN, UT 84323			G Gross re	
Ш	Application	on pending	F Name and address of principal officer				for affiliates? Yes Vo
							ncluded? Yes No
<u></u>	Тах-ехеп	•	□ 501(c)(3)	527			a list (see instructions)
<u>J</u>	Website:				H(c) Group	· ·	n number ▶ 0102
<u>K</u>			Corporation Trust Association Other ► L Year of f	formation		M State	of legal domicile ut
Р	art I	Summ					
	1	Briefly de	escribe the organization's mission or most significant activities:				
ø		See part I	II, line 1 on page 2.				
auc			•••••				
Governance							
Š			is box $lacktriangle$ $lacktriangle$ if the organization discontinued its operations or dispos	sed of m	nore than	25% of	its net assets.
ಶ	1		of voting members of the governing body (Part VI, line 1a)		•	3	5
es	1		of independent voting members of the governing body (Part VI, line	•		4	0
Ž	1		nber of individuals employed in calendar year 2012 (Part V, line 2a))		5	13
Activities &	1		nber of volunteers (estimate if necessary)			6	40
	1		elated business revenue from Part VIII, column (C), line 12			7a	
	Ь	Net unre	ated business taxable income from Form 990-T, line 34	·		7b	
	1				Prior Ye	er	Current Year
ā			tions and grants (Part VIII, line 1h)	3	12,236		
Revenue			service revenue (Part VIII, line 2g)			.,	
ě			nt income (Part VIII, column (A), lines 3, 4,/and 7d)		4 23		
_			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1;e).	$\cdot \mid \bot$	18,9	18	96, 977
			enue—add lines 8 through 11 (must equal Rart VIII, column (A), line 12	2) /	38,3	55	109,236
			nd similar amounts paid (Part IX, column (A), lines 1-3)		•		,
			paid to or for members (Part IX, columní (A), line 4 / 5 /	·			
S			other compensation, employee benefits (Part IX-column (A), lines 5-10	0)	71,2	<u> 75 </u>	49,062
Š			onal fundraising fees (Part IX, column (A), line 11e)	·			
Expenses			draising expenses (Part IX, column (D), line 25) 📈 💆 🧷				
ш			penses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	77,6	09	61,8/2,
			penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·	48,8	8.4	110,874
		Revenue	less expenses. Subtract line 18 from line 12	· //	10,5°a	9)	((638)
ets or				Begi	nning of Cui	Tent Year	End of Year
Set	20		ets (Part X, line 16)		146	رو	7669
Net Asset Fund Bala	21		ilities (Part X, line 26)	·	30 90	58,	28,620
_			ts or fund balances. Subtract line 21 from line 20	· 1/2	19736	<u>3)</u>	(21,00/)
	art II		ture Block		<u> </u>		
Un	der penalt	ies of penu	ry, I declare that I have examined this return, including accompanying schedules and	l statemen	ts, and to th	e best of	my knowledge and belief, it is
	e, correct,	and compi	Declaration of preparer (other than officer) is based on all information of which pro	eparer nas	any knowie	age	21 11
٥: ـ			Hagran V Dell	_			7-17
Sig		Sign	ature of officer	. ~. /	Dat	е	•
He	re		Jeannie Wibell Decreta	<u>iry </u>			
			or print name and title				
Pa	id	Print/Ty	pe preparer's name Preparer's signature	Date		Check	
	eparer	Craig T	homas / lay / ton	_/- ,	<u>21.19</u>	self-em	
	e Only		ame ► Craig Thomas		Firm	s EIN ▶	
		Fırm's a	ddress ► 87 South State Preston, ID 83263		Phor	ne no	2088523293
Ma	y the IR:	S discus:	s this return with the preparer shown above? (see instructions) .				Ves No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	90 (2012)				Page 2							
P'art	III Statem	ent of Program Service	Accomplishments									
	Check it	f Schedule O contains a r	esponse to any question in this Part	<u>III</u>	🗆							
1		oe the organization's missi										
	•	-	ng its ills, and by promoting peace, pros	perity, gladness and hope.								
		•••••										
2	Did the organ	ization undertake any sign	ficant program services during the ye	ar which were not listed on the								
	prior Form 990 or 990-EZ?											
	If "Yes," desc	f "Yes," describe these new services on Schedule O.										
3			, or make significant changes in h	ow it conducts, any program								
	services? .]Yes ☑No							
	If "Yes." desc	ribe these changes on Sch	edule O.									
4			vice accomplishments for each of its	three largest program services, a	s measured by							
			4) organizations are required to report									
			or each program service reported.	· ·								
	·	•										
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)							
	(0000.	/ (Expenses 4		······································								
				•								
				••••••								
				••••••								
	••••		•••••									
	•••••											
4b	(Code:) (Eypenses \$	including grants of \$) (Revenue \$								
70	(0000.) (Expenses 4) (Nevende 4	/							
			•••••									
		••••										
		•••••		••••••								
4c	(Code:) (Expenses \$	including grants of \$	\ (Revenue \$								
40	(Code) (Expenses \$	including grants or \$) (Nevenue \$								
			•••••									
					•••••							
	Other ===	m nomilogo (Desember in Orth	odulo (O.)		·							
4d	Other program (Expenses \$	n services (Describe in Sch including g		c '								
4e		m service expenses ▶	/ (nevellue	<u> </u>								
70	- rotal prograi	sei tiee exheilaca										

Part	Checklist of Required Schedules			T
	Leather acceptant described in partial E01/a)/(2) or 40.47/a)/(1) /ather than a private foundation)? If "Yea"		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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		1
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		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
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.			
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	1	
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		1
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		1
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	✓	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
	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		1
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		1
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		1
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		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		√

Part	Checklist of Required Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
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		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓.
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	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 year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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		1
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		√
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):		\$4.50 	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	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	32		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		1
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? <i>If "Yes," complete Schedule R</i> ,			,
38	Part VI	37		✓
			000	(0040)

Part	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	'ann' c	ş.	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	181		
C	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 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	√	
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		/
ь	If "Yes," enter the name of the foreign country: ▶	+a		 •
U	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
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ť
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	١.		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ļ <u>.</u>
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		,
		7c	, , , ,	1
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e	-1	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_
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		1
9	Sponsoring organizations maintaining donor advised funds.	, , , , , , , , , , , , , , , , , , ,	~	
8	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter:	ł		
''a	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.)	\ `.,		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	, ,,		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	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			
C	Enter the amount of reserves on hand	44		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Sacti	Check if Schedule O contains a response to any question in this Part VI		•	<u>. 150</u>
Secu	on A. doverning body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .			,
	• • • • • • • • • • • • • • • • • • • •	3		1
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	1	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<u> </u>	_	
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7b		V
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	- 5	ärn.	
	the year by the following:	-7	-1	
8	The governing body?	8a	✓	
9	Each committee with authority to act on behalf of the governing body?	8b		/
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
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,			
	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		1
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		5	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	✓	-
С	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	-	7
14	Did the organization have a written document retention and destruction policy?	14	_	V
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?	15, -		- ,
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		/
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	16a		1
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?	16b	~ ~~	
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain in Schedule O)	. 6 i	roct -	alle:
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict c and financial statements available to the public during the tax year.	ınte	est p	лонсу,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	1	
	organization: ► Jeannie Bell; 3433 South 400 West; Preston, ID 83263 208 852 3329	J. 111C	•	
	- 200 min Dong United Countries House Liver Land Countries House Liver Land Countries Liver Liver Land Countries Liver Liver Land Countries Liver Live			

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

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 relate	d org	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
				((C)					
(A)	(B)	l			ition			(D)	(E)	(F)
Name and Title	Average					e than d is both		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	amount of
	week (list any hours for	8 2	5	Q	~	욕포	Ţ	from the	related organizations	other compensation
	related	말	St to	Officer	y e	룡룡	Former	organization	(W-2/1099-MISC)	from the
	organizations	었는	ğ	֡֟ ֡	Key employee	yee c	¥	(W-2/1099-MISC)	,	organization
	below dotted line)	1 2	nai t		l %	를 음				and related organizations
	"","	Individual trustee or director	Institutional trustee		^{(P}	l g				Organizations
	ŀ	"	8			Highest compensated employee		1		
							 			
(1) DUSTINLAW							١,/	1	·	1
							V		(,)	0
WORTHY PAST PRES	<u> </u>	- -	-	-	-		 -	_		·
WILLAIR JONES	 			$ \sqrt{\ } $				0	ه	d
(3) 1 FENNIE BELL				7						1
WARTHY SECRETARY	<u> </u>			√				1683	\mathcal{O}	Ø
(4) 14 MGS JOHNSON				7						0)
WORTHY CHAPLAIN								\mathcal{O}	()	<i>O</i>
(5) RUGER ATKINSUN	ļ							0		C
WORTHY CONDUCTOR				<u> </u>	_		-	9	\sim	
(6) BRXD Y TINGLL	ļ			_/			}	0	(ب	0
WURTHY INSIDE GUARD				~	_				0	
(7) JODEE SOHNSON	 			_V /					,	0
WURTHY OUTSIDE GUARD				<u> </u>	_				<i>S</i>	
(8) Tam CONDIE	ļ	1/						(3)	\sim	e)
WARTHY TRUSTEE						 				-
(9) GARY & UTTERS	ļ							0	U	0
(10) & U & EN FANCHER	-				_		 			
WARTHY TRUSTEE		/						O)	6	0
(11)		<u> </u>	 	_			\vdash			
<u> </u>	†									
(12)					_					
S	†									
(13)										
		ĺ								
(14)										-
						1		i e	i	

	(A) Name and title		box,	unles	eck s pe	rson	than both borkrust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensatior related organizatio (W-2/1099-N	n from	Esti amo o comp fro orgai and	(F) imated ount of other ensatio m the nization related	on n I
(15)				9			<u> 8</u>							
(16)														
												·		
(4.0)														
(23)														
(24)														
(25)														
1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A				•	> > >						
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received mo	ore than \$10	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	ficer, direc						emp	loyee, or high	est compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1 	50,	000	? /1 	"Yes	s," 	complete Sch	edule J fo	r such	4		✓
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind		5		1
	n B. Independent Contractors		! !											
1	Complete this table for your five highest of compensation from the organization. Repyear.													ах
	(A) Name and business add	ress							(B) Description of se	ervices	С	(C) ompens	ation	
	NONE													
														_
							-				-			

Par	VIII	Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII											
		i i		onse to any ques	Tota	(A) Il revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns Membership dues . Fundraising events . Related organizations	1b 1c	627/									
	d e f	Government grants (con All other contributions, g and similar amounts not ind	ntributions) ifts, grants, cluded above	3795									
Contribution and Other	g h	Noncash contributions include Total. Add lines 1a-1		>	/2,	236							
Program Service Revenue	2a b c d			Business Code	<u> </u>	Program and the second							
rograi	f	All other program ser					a to ray or man anyong tophin		y - V V V V V V V V V V V V V V V V V V				
	3	Total. Add lines 2a-2 Investment income and other similar amo Income from investmen	(including dividounts)	ends, interest,		23		23					
	4 5		t or tax-exempt be	ona proceeas ►		3							
	6a b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal									
	d 7a	Net rental income or (Gross amount from sales of assets other than inventory	(loss)	(ii) Other	表示法								
	b c	Less: cost or other basis and sales expenses . Gain or (loss) .							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
venue	d 8a	Net gain or (loss) . Gross income from fu events (not including \$			· · · · · · · · · · · · · · · · · · ·	*			The state of the s				
Other Re	b	of contributions reported See Part IV, line 18 . Less: direct expenses	a					700 (a)					
	с 9а		aming activities.	events . ►			,						
	t c 10a	Less: direct expenses Net income or (loss) f Gross sales of in returns and allowance	rom gaming acti	vities >				A A STATE OF THE S	A Comment				
	b c	Less: cost of goods s Net income or (loss) f Miscellaneous R	rom sales of inve	52 5-14 entory ▶ Business Code	96	977	67,884	29,093					
	11a b c	All other revenue			.3200 .3	Allinoire de la Compania del Compania del Compania de la Compania	was salamaning and						
	e 12	Total. Add lines 11a- Total revenue. See in	11d		1 4 6	2 2 3 6	62884	29116					

Part IX	Statement of	Functional	Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organizatioi	ns must complete c	olumn (A).
	Check if Schedule O contains a respon	se to any question			
	t include amounts reported on lines 6b, 7b, , 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)	i.
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	1683			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	42486			
9 10	Other employee benefits	4893			
11	Fees for services (non-employees):	7093			
a	Management				
b C	Legal	485			
d	Lobbying	7			
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees				
12	Advertising and promotion	2-3			
13	Office expenses				
14 15	Information technology				
16	Royalties	19.848			
17	Travel	7 7 8 7 5			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2 2 7			
20 21	Interest	2283			
22	Depreciation, depletion, and amortization .				
23	Insurance	329			
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.)		, , <u>, , , , , , , , , , , , , , , , , </u>	•	
a	POSTAGE	5-74			
b	BANKING SONATIONS	620			
ď	1) UES	1961	· · · · · ·		
e 25	All other expenses SEE ATTACHED Total functional expenses. Add lines 1 through 24e	33,336			
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)	110,874			

_	990 (2	· · · · · · · · · · · · · · · · · · ·			Page 11
۲	art X	· · · · · · · · · · · · · · · · · · ·	,		
		Check if Schedule O contains a response to any question in this Part	(A)	· ·	(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	8344	1	7365
	2	Savings and temporary cash investments	2709	2	204
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	<u></u>	5	
इ	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 organizations (see instructions). Complete Part II of Schedule L	•	6	. 2
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	552	8	100
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	y & the Court of t		wysinky k
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	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)	11,605	16	7669
	17	Accounts payable and accrued expenses		17	1825
	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	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and	· 4 95	\$	and the state of t
abi		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	30,968	23	26,845
	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		25	
	26	Total liabilities. Add lines 17 through 25	30,968	26	28,670
တ္တ		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	* .		
ĕ	07	Unrestricted net assets	4	07	
ala	27 28			27 28	
18	29	Temporarily restricted net assets	<u> </u>	29	
ur	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		29	
Net Assets or Fund Balances		complete lines 30 through 34.		. د	`#
S	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	. 1	32	. \
Vet	33	Total net assets or fund balances	(19,363)	33	(21001)
_	34	Total liabilities and net assets/fund balances	11,605	34	7689
					Form 990 (2012)

Form 9	990 (2012)			Pa	age 12
Par	t XI 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	100	92	36
2	Total expenses (must equal Part IX, column (A), line 25)	2	110	18	74
3	Revenue less expenses. Subtract line 2 from line 1	3	(1	63	8
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	Y/	93	63)
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		/		$\overline{}$
	33, column (B))	10	121	.00))
Par	XII Financial Statements and Reporting			,	\mathcal{T}
	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	lain	in		ประการแบ
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		1/
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled (or		
	reviewed on a separate basis, consolidated basis, or both:		p Sac	post.	Matri
	☐ 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 audite	d on	a 🚜		
	separate basis, consolidated basis, or both:				J. S.
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		7 4		;·· ,
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersigi	nt		

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

3b

Form **990** (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Employer Identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

PART VI SECTION C LINE 19: MEMBERS ONLY, UPON REQUEST	
PART VI SECTION B LINE 11B: THE FORM 990 IS REVIEWED BY THE SECRETARY.	
•••••••••••••••••••••••••••••••••••••••	
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<u> </u>	

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FRATERNAL ORDER OF EAGLES

Other expenses part IX line 24e

Phone	714
Internet	649
Taxes, Property	7436
Taxes, Sales	7817
Taxes, Tourist	1476
Bad checks	226
Supplies	416
Misc.	150
Entertainment	4812
Workman's comp	868
Liquor liability	5939
Licenses	2250
Supplies, Office	61
Penalty	522
Total	33336