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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ

See separate instructions.

OMB No 1545-0047

Employer identification number

2012

Open to Public Inspection

FRATERNAL ORDER OF EAGLES #4256								91-1799730					
Part I Reason for Public Charity Status (All organizations must complete this part) See instructions											· · · · · · · · · · · · · · · · · · ·		
The organization is not a private foundation because it is (For lines 1 through 11, check only one box)													
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section 170(b)(1)(A)(ii) (Attach Schedule E)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									the				
		hospital's name city, and state											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(ıv). (Complete Part Ii)											
6		A federal, state, or lo	eral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
		described in section 170(b)(1)(A)(vi) (Complete Part II)											
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)													
9		An organization that	normally receives	res (1) more than 33 1/3% of its support from contributions, membership fees, and gross									
receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its													
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
10		An organization organized and operated exclusively to test for public safety See section 509(a)(4).											
11		An organization organized and operated exclusively for the benefit of, to perform the functions of or to carry out the											
purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section													
		509(a)(3) Check the box that describes the type of supporting organization and complete lines 11e through 11h											
		a Type I b Type II c Type III-Functionally integrated d Type III-Non-funtional											
е		By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons											
	other than foundation managers and other than one or more publicly supported organizations desc									ped in section 509(a)(1)			
		or section 509(a)(2)											
f		If the organization received a written determination from the IRS that it is a Type II, and to all leapporting											
	organization, check this box												
g		Since August 17, 2006, has the organization accepted any gift or contribution from any the LAN 06 2014											
		following persons?											
		(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and III Yes No											
		(iii) below, the governing body of the supported organization?									11g(ı) X_		
		(ii) A family member of a person described in (i) above?								11g(II)			
		(III) A 35% controlle	ed entity of a perso	n described in (i) or (ii) a	bove? .						11g(m) X		
h		Provide the following	information about	the supported organizat	ion(s)		,						
	(ı) Na	me of supported organization	(n) EiN	(iii) Type of organization (described or lines 1-9	(iv) is the organization in col (i) listed in your		(v) Did you notify the organization in		(vi) is the organization in col		(viii) Amount of monetary support		
		3.50.112.013.11	1	above or IRC section	governing cocument?		col (i) of your		(i) organized in the		зарроге		
				(see instructions))		T		oort?	 	S?	_		
					Yes	No	Yes	No	Yes	No			
(A)							}		ł	ļ			
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(B)													
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E)						! 							
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SCHEDULE O (Form 990)

Supplemental information to Form 990

Complete to provide information for responsed to specific questions on form 390 or to provide any adultional information

₱ Attach to Form 990.

Department or the Treasory Internal Revenue Service Name of the organization

Employer identification number

FRATERNAL OF EAGLES # 4481

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1181400

OMB No 1545-0047

WE RUN A SOCIAL ORGANIZATION AND CANTEEN FOR OUR MEMBERS. MEMBERS PAY DUES. OUR PROFITS ARE EARMARKED FOR LOCAL, STATE, AND NATIONAL CHARITIES. ALL INCOME IS REPORTED ON FORM 990.

A COPY OF FORM 990 IS AVAILABLE BY OUR MEMBERS BY REQUEST. WE HAVE BY-LAWS THAT CONTAIN THE RIGHTS AND DUTIES OF OUR MEMBERS.

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Dec. 05, 2013 LTR 2694C 0 R

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FRATERNAL ORDER OF EAGLES #4256 PO BOX 3162 ST AUGUSTINE FL 32085



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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of office or trustee

1-30-13

Date

State >

ultz, Secretary

Title