

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Process as Original

Form 990

Return of Organization Exempt From Income Tax

A .	rtment of ad Reven	the Treasury	► Do not ente ► Information		-			_	-		Open to Public Inspection
<u> </u>	For the	2013 cale	ndar year, or tax year be		January 1	_		and ending	Deçe	nber 31	, 20 13
<u>B</u> (Check If	applicable:	C Name of organization Frat	ernal Orde	r of Eagles, A	erie 28	117			D Employ	er identification number
\Box	Address	change	Doing Business As					,			93-0404799
<u></u>	Name ch	nange	Number and street (or P O	box if mail is	not delivered to	street a	iddress)	Room/suite		E Telephor	ne number
<u> </u>	Initial ret	um	106 East Olive Street						 -		(541) 265-2430
\equiv	Terminal		City or town, state or proving	nce, country,	and ZIP or foreig	n posta	I code				
_	Amenda	T T	Newport, Oregon 97365						· · · · · · · · · · · · · · · · · · ·	G Gross re	
U /	Applicati	po	F Name and address of princi	*						•	subordinates? 🗌 Yes 🔝 No
			80 North East 72nd Stree								included? Tes No
	Tax-exe	mpt status:		501(c) (8) ◀ (insert no	<u>) 4</u>	947(a)(1) or	LJ 527	4		list. (see instructions)
	Website									exemption	
	_		Corporation Trust	Association	Other ► Fr	aterna	I L Ye	ar of formation	<u>. </u>	M State	of legal domicile
16	art I	Summ									
	1	Bnefly de	scribe the organization	's mission	or most signi	ificant	activities:				
ဦ			***************************************					•••••			•••••
Activities & Governance			<u></u>					····			****
ğ	2		s box ▶□ if the organi					sposed of	more thai	1 25% of	its net assets.
8	3		of voting members of th	_			•			3	
-	4		of independent voting m		=	_		•		4	
i ii	5		ber of individuals empl						<u> </u>	5	
₹	6	Total num	ber of volunteers (estin	nate if nec	essary)	=CF	:IVED	0SC 2	:17)	6	
¥	7a	Total unre	elated business revenue	e from Par	l VIII, column	CL	ne 12	- 		7a	
_1	b	Net unrela	ated business taxable in	ncome fro	m Form 990-	T, tne	33 - 2	2014		7b	
\Box					1/	1	ا کا ساخانہ	100	Petor Y	ear	Current Year
اه	8	Contribut	ions and grants (Part VI	III, line 1h)	$\dots V$	١.,	OF S'PC	301 Ball		12,439	6,6
ᇎ	9	Program :	service revenue (Part Vi	III, line 2g)		, ies (SACOF	N, UTAH			
Ве	10	Investmen	nt income (Part VIII, col	umn (A), lir	nes 3, 4, abo	7d) -	30000	***		219	7
<u>۳</u>	11	Other reve	enue (Part VIII, column	(A), lines 5	, 6d, 8c, 9c,	10c, a	nd 11e) .			54,470	45,4
	12	Total reve	nue-add lines 8 throug	th 11 (mus	t equal Part V	III, col	umn (A), lii	ne 12)		67,128	52,8
\neg	13	Grants an	d similar amounts paid	(Part IX, c	olumn-(A)-lin	es j	3)				
	14	Benefits p	paid to or for members	(Part X, co	OLUMATICA). Inte	14) <u>—</u> [ノ. == :	[
6	15		ther compensation, emp					5-10)		52,660	50,5
8	16a		nal fundralsing fees (Pa								
Expenses	b		fraising expenses (Part				سيسانيه	2,3	74.7 A.S.	7.778.85	SUPERIOR TO THE SECOND
₩	17		enses (Part IX, column							26,385	31,2
- 1	18	Total exp	enses. Add lines 13-17	(must equ	at Part IX) co	Jumul	(A) line 25			79,405	81,6
	19		less expenses. Subtrac				. ,,	" · ⊢		·12.277	-28,9
ļ						· ·	· · ·	Ber	inning of Cu		End of Year
* &		T-4-1	ets (Part X, line 16) .					<u> </u>			1,016,4
saces	20	TOTAL SESSI						1			
Assets or Balances								::⊢		5 831	
Net Assets or -und Balances	21	Total liabi	lities (Part X, line 26) .	tract line		 20				5,831	5,6
Net Assets or Fund Balances	21 22	Total liabi	lities (Part X, line 26) . s or fund balances. Sub	otract line	21 from line 2	 20 .	• • •				5,6
	21 22 1	Total liabi Net asset Signati	lities (Part X, line 26) s or fund balances. Sut ure Block				ng schedule	s and statemen		5,831 1,039,641	5,6 1,010,6
Und	21 22 1 1 1 1 ler penal	Total liabi Net asset: Signati Ities of perjur	lities (Part X, line 26) . s or fund balances. Sub	ned this return	n, including acco	mpanyi			nts, and to t	5,831 1,039,641 he best of m	5,6 1,010,6
Und	21 22 1 1 1 1 ler penal	Total liabi Net asset: Signati Ities of perjur	lities (Part X, line 26) s or fund balances. Subure Block y, I declare that I have examir	ned this return	n, including acco	mpanyi			nts, and to t	5,831 1,039,641 he best of m	5,6 1,010,6
Und true	21 22 11 II ler penal	Total liabi Net asset: Signati Ities of perjur and comple	lities (Part X, line 26). s or fund balances. Sut ure Block y, I declare that I have examinate. Declaration of preparer (of	ned this return	n, including acco	mpanyi			nts, and to t	5,831 1,039,641 the best of medge.	5,6 1,010,6
Und true Sign	21 22 11 U ler penal correct	Total liabi Net asset: Signati Ities of perjur and comple	lities (Part X, line 26) s or fund balances. Subure Block y, I declare that I have examir	ned this return	n, including acco	mpanyi Il Infom	nation of wha		nts, and to t	5,831 1,039,641 the best of medge.	5,6 1,010,6
Und true	21 22 11 U ler penal correct	Total liabi Net asset: Signati ties of perfur t, and comple	lities (Part X, line 26). s or fund balances. Subure Block y, I declare that I have examinate. Declaration of preparer (of	ned this return	n, including acco	mpanyi Il Infom			nts, and to t	5,831 1,039,641 the best of medge.	5,8 1,010,6
Sign Her	21 22 Ier penal o, correct n	Total liabi Net asset: Signate Signate Liand complete Signa Type	ittles (Part X, line 26) . s or fund balances. Subure Block y, I declare that I have examinate. Declaration of preparer (of the Control of preparer (of the Control of preparer) or preparer and title	ned this return ther than office	n, including account is based on a	mpanyi Il Infom	nation of wha	ch preparer ha	nts, and to t	5,831 1,039,641 the best of medge.	5,8 1,010,6 by knowledge and belief,
Und true Sign	21 22 Ier penal o, correct n	Total liabi Net asset: Signate Signate Liand complete Signa Type	lities (Part X, line 26). s or fund balances. Subure Block y, I declare that I have examinate. Declaration of preparer (of	ned this return ther than office	n, including acco	mpanyi Il Infom	nation of wha		nts, and to t	5,831 1,039,641 he best of medge.	5,8 1,010,6 by knowledge and belief, if
Sign Her	21 22 Ier penal o, correct n	Total liabi Net asset: Signatu ties of perjur t, and comple Signat Type Print/Typ	ittles (Part X, line 26) . s or fund balances. Subure Block y, I declare that I have examinate. Declaration of preparer (of the Control of preparer (of the Control of preparer) or preparer and title	ned this return ther than office	n, including account is based on a	mpanyi Il Infom	nation of wha	ch preparer ha	nts, and to t	5,831 1,039,641 the best of medge.	5,8 1,010,6 by knowledge and belief, if
Sign Her Pai Pre	21 22 In III ler penal o, correct n re	Total liabi Net asset: Signatri ties of perjur t, and comple Signat Type Print/Typ	itiles (Part X, line 26). s or fund balances. Subure Block y, I declare that I have examinate. Deckaration of preparer (of the part of officer I CL AFL L. Sich or promit name and title see preparer's name	ned this return ther than office	n, including account is based on a	mpanyi Il Infom	nation of wha	ch preparer ha	nts, and to to as any know	5,831 1,039,641 he best of medge.	5,8 1,010,6 hy knowledge and belief, i
Sign Her Pai Pre Use	21 22 der penal o, correct n re	Total liabi Net asset: Signatr Signatr ties of perlum and comple Signa Type Print/Typ Firm's na Firm's ac	itiles (Part X, line 26) . s or fund balances. Subure Block y, I declare that I have examinate. Deckaration of preparer (of the part of officer fully part L. Size or print name and title he preparer's name	ned this return ther than office	n, including acco er) is based on a	mpanyi ili Inform	nation of whi	ch preparer ha	nts, and to to as any know	5,831 1,039,641 the best of medge.	5,8 1,010,6 hy knowledge and belief, i

CIS IMAGE-Do not correspond for signature

91,13-14

048 661

	0 (2013)				Page 2
Part		ent of Program Service		30mmt 111	Cil
1		be the organization's missi	response or note to any line in this F	artii	🗸
•		-			
	4.0000000000000				

2	Did the groan	ization undertake any sign	nificant program services during the ye	ear which were not listed on the	
-	prior Form 99	0 or 990-EZ?	· · · · · · · · · · · · · · · · · · ·	····	TYes (₹)No
		ribe these new services or		•	
3	_		g, or make significant changes in t	now it conducts, any program	
	*				∃Yes ☑ No
		ribe these changes on Sch			
4			ervice accomplishments for each of its (4) organizations are required to repor		
			for each program service reported.	the amount of grants and anoce	tuons to outers,
	•	,			
48	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		,			
					•••••••••••••••••••••••••••••••••••••••

4h	(Code:	\/Fynanses \$	including grants of \$	\ (Revenue \$	
70	(Code.) (Expenses #		, / (πενειίμα ψ	

			•••••••		

		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

	•••••	,			
		••••••			

4d	Other program	m services (Describe in Sci	hedule O.)		
	(Expenses \$	including g		\$	
40		n service expenses 🕨			
					Form 990 (2013

Part	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	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? If "Yes," complete Schedule C, Part 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		<u>·</u>
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		~
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		/
11	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.			
8	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		1
_	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
đ	Oid 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		1
8	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
1	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 .	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		√
	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓_
17	Oid 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		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20Ь		<u> </u>
		For	n 99 0	(2013)

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or 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		1
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 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		✓
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):		35	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28ь		<u>*</u>
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		/
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
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		·
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		<u> </u>
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		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		`
ь	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.	35ь		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
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	38		1
		Form	990	(2013)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		· ·	
			Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	· · · ·		
۵-	reportable gaming (gambling) winnings to prize winners?	1c	1000	√ काउटन
2 a	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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2ь	/	
Ь	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2234	100
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	اختمت	انشنان
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	\neg	-
48	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	1 1	l	
	account)?	4a		✓_
b	If "Yes," enter the name of the foreign country: ▶		. 10	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	22	25	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓_
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?	ва	l	./
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Oa		<u> </u>
	gifts were not tax deductible?	6ь	İ	/
7	Organizations that may receive deductible contributions under section 170(c).	776	19 3,	35.3
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?	7a	1	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	272		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	 71 		/ -
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		*
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	40 E	34.34	<u>इंस्ट</u>
Ū	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	الحاشة	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	- 3	2	
a	Did the organization make any taxable distributions under section 4966?	9a		7
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations, Enter:	1,2		. rzd
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations, Enter:	3	题	
a	Gross income from members or shareholders			34
ь	Gross income from other sources (Do not net amounts due or paid to other sources	3	**	1
	against amounts due or received from them.)	1.50	366	للنمن
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	200	<u>₹</u>
ь 40				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	-20	<u> </u>
a	Note, See the instructions for additional information the organization must report on Schedule O.		建	12.7
h	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		7.1	4
c	Enter the amount of reserves on hand		溪	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		1
		Form	990	(2013)

•	•			
Part	WI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	for a struct	
Secti	on A. Governing Body and Management	<u> </u>	 -	<u>. ц</u>
			Yes	No
1a	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.			
ь 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 any other officer, director, trustee, or key employee?	2		\ \rightarrow
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 6 7a	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? Did the organization have members or stockholders? 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?	4 5 6	1	√ ✓
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	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b	1	_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	1	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	4.814.1
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?		E	
a	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	M402465	√ NEDVEH
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		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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		
3601	UII V. VISUIUSUI S			

List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make

18

List the states with which a copy of this Form 990 is required to be filed ▶	Oregon
Section 6104 requires an organization to make its Forms 1023 (or 1024 if ap	
available for public inspection. Indicate how you made these available. Check	call that apply.

☐ Upon request ☐ Other (explain in Schedule O) ☐ Another's website Own website

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ▶

•										
Form 990 (2013)										Page 7
Part VII Compensation of Officers, Dir	ectors, T	ruste	es	, Ke	y E	Igm	ονε	es. Highest	Compensated	Employees, and
Independent Contractors	•						- •	,		
Check if Schedule O contains a re	esponse o	r note	to	any	lin	e in ti	his .	Part VII		
Section A. Officers, Directors, Trustees, Key										
1a Complete this table for all persons require										g with or within the
organization's tax year.									·	_
• List all of the organization's current office								ividuals or org	anizations), rega	rdless of amount of
compensation. Enter -0- in columns (D), (E), and		•				•				
List all of the organization's current key en										
• List the organization's five current highes										
who received reportable compensation (Box 5 organization and any related organizations.	or Form	VV-2 2	and	or	ВОХ	(/ 0	FC	um 1098-10120	c) or more than	\$100,000 from the
•	om kov or	mala				-1				
 List all of the organization's former offic \$100,000 of reportable compensation from the 									employees who	received more than
List all of the organization's former direct	tors or tru	stees	s th	at r	ece	ived.	in t	he capacity as	s a former direc	tor or trustee of the
organization, more than \$10,000 of reportable c	ompensatio	on fro	m ti	ne o	rga	nizati	ดก ส	and any related	d organizations.	
List persons in the following order: individu										emplovees: highest
compensated employees; and former such pers					-					,,
☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any curren	nt officer, directo	r, or trustee.
					C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					e than : is both		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	
	week (list any hours for	Individual to or director	5	Q	\$	3.5	ਹ	from the	related organizations	other compensation
	related	E S	Ē	Officer	ĝ	₽ ₹	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	정탈	Institutional		Key employee	88		(W-2/1099-MISC)		organization and related
	line)	trustee	ã		8	暴				organizations
		8	trustee	ł		Highest compensated employee				
				<u> </u>	 	8	 _	 		
(1) Mike Smith - Worthy President		ł				1				
80 NE 72nd Street, Newport, Oregon 97365	3	ł		1				۱ .		
(2) Herb Faber - Jr. Past Worhty President		<u> </u>		┷	-	 		<u> </u>		0
44 SW Brook Street, Newport, Oregon 97365	3	1		/				o	١ .	o
(3) David Luckini - Worthy Vice President				Ť		_	├─		<u>-</u>	<u> </u>
2120 NE Sturdevant Place, Toledo, Oregon 97391	1.5			/		ľ		0	o	o
(4) Rich McNinch - Worthy Chaplin	,, <u>,,</u>			Ė			_			
122 NE 10th Street, Toledo, Oregon 97391	1			1		ļ	l	o	0	0
(5) Robert Field - Worthy Secretary				_	\Box		-			9
PO Box 533, South Beach, Oregon 97366	4			l ✓ i				0.	0	o
(6) Rebecca Dock - Worthy Conductor			_				_			
1332 Hidden Valley Road, Toledo, Oregon 97391	.5			1					o	0
(7) Arlen Phillips							_			
923 SE Bay BLVD, Newport, Oregon 97365	2	1	Li	Ll]		o	o	o
(8) Jim Sweeden										
PO Box 931, Newport, Oregon 97365	2	1					. '	0	o	0
(9) Charles Haniford										
196 SE 130th Drive, South Beach, Oregon 97366	.5	✓				L			o	o

(10) Pat Ruddiman 209 NE 10th Court, Newport, Oregon 97365 (11)

(12)

(14)

(13)

Form 990 (2013)

Part	VII Section A. Officers, Directors, Trus	lees, Key E	mplo	yee:	_		lighes	st C	ompensated E	mployees (continu	red)		
	(A) Name and title	(B) Average hours per week (list any	box,	Position (do not check more than o box, unless person is both officer and a director/trust				en (98)	(D) Reportable compensation from	(E) Reportab compensation related	n from	Estin	F) nated unt of her	
		hours for related organizations below dotted line)		Institutional (rustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatic (W-2/1099-A		fron organ and r	nsation n the ization elated zations	
(15)														
(16)			ļ						. "					
(17)					_				<u></u>					
(18)					-									
(19)					\vdash	-								
(20)					-	┢								
(21)			ļ		\vdash					_				
(22)				-		-		-	ļ		_			
(23)			-											
(24)				-	H									_
(25)			<u> </u>		-									
1b c	Sub-total	VII, Sectio						▶ ▶						
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	•	•				-		oloyee, or high	•				No C
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	r accrue co	ompe compl	nsal lete	tion <i>Sch</i>	froi nedu	m any <i>ile J f</i>	un or s	related organiz such person	ation or inc	dividual 	34 <u>62</u> 5		#
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.	compensate ort compe	ed ind nsatio	depi on fo	end or th	ent ne c	contra	acto ar y	ors that receive rear ending wit	ed more that h or within	in \$100 the org	,000 of anizatio	n's tax	4
	(A) Name and business edd	ress							(B) Description of s	ervices		(C) Compens	ition	
					_									
						_		_						<u></u>
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				
												Form	990 ¢	2013)

art VIII	Statement of Rev Check if Schedule		a rec	nonce or note t	o any line io this	Part VIII		
	Check if Schedule	O Contains	ares	porise of note to	(A) Total revenue	(B)	(c)	(D)
					Total revenue	Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
						function revenue	revenue	under sections 512-514
29 1a			18		A STATE OF THE REAL PROPERTY.		A track the same	
Amounts			1b	4,399				
Ĕ c			10	1,767	4 1 1	in Factor	The second	1 1 mm
à d	. .		1d	232				
and Other Similar	Government grants (co		1e					1
ଅ 🕹	All other contributions,	gifts, grants,			起来			
₽ï	and similar amounts not in	ncluded above	1f	290				
위	Noncash contributions inclu	uded in lines 1a-	11: \$				a de	1325
	Total. Add lines 1a-	<u>1f , </u>	<u> </u>	🕨	6,688			SAPE AND S
2a b c d				Business Code	北京大学	语歌声两河沿海		
2a								
ь								
C								
d								
e					L			
1	All other program ser	rvice revenu	e.					
9				<u>. ></u>		の対象が必然に	位于安全的	
3	Investment income	·	divid	ends, interest,				
-	and other similar am	•			708			
4	Income from investmen	nt of tax-exen	npt be	ond proceeds ▶				
5	Royalties	·		<u>, , , ▶</u>	man adjabat phase with a set	and the second s	and the same of th	
ł		(i) Real		(ii) Personal				
6a		 						新国际
Ь						高声		
C		· ———				202.6	1000000	
_ d				.		A STATE OF S		This can be a property of the second of the
7a		(i) Securiti	28	(ii) Other			A ALEXA	
1.	assets other than inventory				***			
þ	Less: cost or other basis				1000	**		S.型医型Tipe
	and sales expenses .	<u> </u>						
C		L		L				
d	Net gain or (loss)		•	<u> ▶</u>	Purchasin Control	Main allers and the Contract	Dry Select Association	CAPTURE TOTAL AC
, _								
8a							1000	6
	events (not including \$	***********				50000000000000000000000000000000000000		
	of contributions report	ted on line 10	;}.		AND THE RESERVE			
8a b	See Part IV, line 18		a		100 miles			
			. b	<u> </u>	12.40		Secretary Secretary	
C				events . >	72.44m26.340 2172VA	THE STATE OF THE S	· 20 Stablighted Blocker	Mary of the second of the second
ya	Gross income from g	Januny Schvil			建筑			
1.	See Part IV, line 19		a	128,730	建筑是	多美洲	34. A.	
b			. D	109,190				The American
C	•			vities >	19,450	19,450	القرار صاديق وا	ALCE AND COLOR
10a			ess		10.	The state of		
	returns and allowand		. a	63,593		STATE OF THE STATE	· 和 ·	
þ			, b	30,228		Harris San St.		
<u> c</u>			TINV		33,365	33,365	1 1 washing the State	MANAGER ST. V.
<u> </u>	Miscellaneous I	Kevenue		Business Code		2018年19日 東京	TO BE SEE	
118								
b								
c							<u></u>	
d	All other revenue			L		المداد والمحادية	Est. Separation of the second	La responsable to the market
₽				🟲		· 10年の日本の日本	力にできるは機能	en e
12	Total revenue. See i	instructions.		🟲	52,815	52,815		<u>-</u>

d

12

13

14

15

16

17

18

19 20

21

22

23

C

Lobbving

Advertising and promotion . . .

Office expenses

Information technology .

Royalties

Occupancy

Travei . .

Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . .

Payments of travel or entertainment expenses

for any federal, state, or local public officials

Conferences, conventions, and meetings.

Depreciation, depletion, and amortization .

Dues To Aerie - Per Capita Tax

Total functional expenses, Add lines 1 through 24e

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)

Payments to affiliates

Fund Raising Expenses

All other expenses

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 44,240 Other salaries and wages 44,240 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 6,355 <u>6,355</u> Fees for services (non-employees): Management Legal h Accounting . . .

2,061

23,918

-			
2,927	22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,927
2,301		2,301	
81,802		78,875	2,927
81,802		78,873	2,52,1
			Form 990 (2013)

建了这些证明,长少少的证明的

2,061

23,918

	art X	Balance Sheet Check if Schedule O contains a response or note to	any line in this Pa	art X		<u></u>
				(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing		40,742	1	11,485
	2	Savings and temporary cash investments			2	
1	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensa Complete Part II of Schedule L	ted employees.		5	
١	_	•		Machine Committee	3	
<u>s</u>	6	Loans and other receivables from other disqualified persons (as de 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribus sponsoring organizations of section 501(c)(9) voluntary emporganizations (see instructions). Complete Part II of Schedule L	rting employers and loyees' beneficiary		6	
H88813	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use		5,000	8	5,000
- (9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,000,000			
	b	Less: accumulated depreciation 10b		1,000,000	10c	1,000,000
١	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	
Į	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
١	16	Total assets. Add lines 1 through 15 (must equal line 34)	<u> </u>	1,045,472	16	1,016,48
П	17	Accounts payable and accrued expenses			17	
1	18	Grants payable			18	
	19	Deferred revenue			19	
- 1	20	Tax-exempt bond liabilities			20	
- 1	21	Escrow or custodial account liability. Complete Part IV of	Schedule D .		21	
Liabilities	22	Loans and other payables to current and former of trustees, key employees, highest compensated disqualified persons. Complete Part II of Schedule L	ficers, directors, employees, and		22	
	23	Secured mortgages and notes payable to unrelated third	parties	5,831	23	5,83
١	24	Unsecured notes and loans payable to unrelated third pa			24	
	25	Other liabilities (including federal income tax, payables parties, and other liabilities not included on lines 17-24). of Schedule D	to related third Complete Part X		25	
ı	26	Total liabilities. Add lines 17 through 25		5,831	26	5,83
Ses		Organizations that follow SFAS 117 (ASC 958), check complete lines 27 through 29, and lines 33 and 34.	here ► _ and			
울	27	Unrestricted net assets			27	
Ž	28	Temporarily restricted net assets			28	
5	29	Permanently restricted net assets			29	
net Assets of Fund balance		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	k here ▶ 🔲 and			10.
9	30	Capital stock or trust principal, or current funds			30	
8	31	Paid-in or capital surplus, or land, building, or equipment			31	
g	32	Retained earnings, endowment, accumulated income, or			32	
힐	33	Total net assets or fund balances		1,039,641	33	1,010,65
	34	Total liabilities and net assets/fund balances		1,045,472		1,016,48

Form 99	0 (2013)			Page 1	2
Part	XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	. <u>.</u> .		<u>C</u>	<u>J</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		52,81	<u>5</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		81,80	2
3	Revenue less expenses. Subtract line 2 from line 1	3		-28,98	7
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,039,64	1
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				
	33, column (B))	10		1,010,65	4
Part	XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. , L</u>	Ī
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," ex Schedule O.	plain in		os No	2
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:		2a		
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	 ed on a	2b		
c	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, expenses of the organization changed either its oversight process or selection process during the tax year, expenses of the organization changed either its oversight process or selection process.	intant?	2c		3
3а	Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-1337	forth in	3a]
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ergo the udits.	3ь	1	_
			Form	990 (201:	3)

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Supplemental Financial Statements

► 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.

▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

20**13**

S.gov/form990. Open to Public Inspection

Fraternal Order of Eagles, Aerie 2817 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised 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) . . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2я a Total number of conservation easements 2ь 2¢ Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Opes the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b (f the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: b Assets included in Form 990, Part X . . .

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

Cat. No. 52283D

Schedule D (Form 990) 2013

	rie D (Form 990) 2013					_		Page 2
Par	III Organizations Maintaining	Collections of	Art, His	torical	Treasures	, or O	her Similar Ass	sets (continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):							
a	☐ Public exhibition		ď	☐ Loan	or exchan	ae broa	rams	
b	Scholarly research						•••••	
	☐ Preservation for future generations	S	_					
4	Provide a description of the organization		and expl	ain how t	hey further	the org	panization's exem	pt purpose in Part
5	XIII. During the year, did the organization							
	assets to be sold to raise funds rather		ained as	part of the	e organizai	ion's co	ollection?	Yes No
Pan		_	.H A	000 5	3-4012			
	Complete if the organization 990, Part X, line 21.						•	
1a	included on Form 990, Part X?							t ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	lete the fo	llowing to	able:			
							An	nount
C	Beginning balance					10		
d	Additions during the year					10		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun						-1	☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa							
	V Endowment Funds.		<u> </u>		THE OCCIT	piovio.	Janit art XIII .	<u> </u>
ı Gı	Complete if the organization	answered "Yes	" to For	m 990 F	Part IV line	10		
	Complete it the organization	(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four years back
1a	Beginning of year balance		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(1)	(4) - 3 - 7 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
b	Contributions		 		 			
	Net investment earnings, gains, and						· · · · · · · · · · · · · · · · · · ·	
C	losses							
d	Grants or scholarships		<u> </u>					
e	Other expenditures for facilities and programs				ļ			
f	Administrative expenses							
9	End of year balance		<u> </u>					
2	Provide the estimated percentage of t	he current vear ei	nd balanc	e (line 10	column (a	toled ((c	as:	·
a	Board designated or quasi-endowmer				,, (-	-,,		
b	Permanent endowment ▶	%						
c	Temporarily restricted endowment ▶							
·	The percentages in lines 2a, 2b, and 2	o chould equal 10	വരം					
20	Are there endowment funds not in the			zation the	at are hold	and ad	ministered for the	
Ja	organization by:	0 0000000000000000000000000000000000000	ne organi	ZECON CH	at ale Held	ano ao	itimistered for the	Yes No
	•							
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
D	If "Yes" to 3a(ii), are the related organi							3b
4	Describe in Part XIII the intended uses		on s endo	wment ii	unos.			
Part			II Ac ==	- 000 -) F	
	Complete if the organization							
	Description of property	(a) Cost or o			or other basis ther)	de	Accumulated preciation	(d) Book value
1a	Land				1,000,000	121 12	CHARLES.	1,000,000
b	Buildings	. [L				
c	Leasehold improvements							
ď	Equipment			l				
8	Other							
	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90. Part)	K. column	(B), line 10	O(c),)		1,000,000
	· · · · · · · · · · · · · · · · · · ·							.,000,000

Part VII	Investments - Other Securities		· · - · · ·		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line				
	(a) Description of security or category (including name of security)		(b) Book value	(c) M	ethod of valuation: nd-of-year market value
(1) Financial	derivatives				
(2) Closely-h	eld equity interests	[
(3) Other					
(A)					
(B)				ļ	
(C)					
(D)				 	
(E) (F)					
(G)				 	
(H)				 	·····
	o) must equal Form 990, Part X, col. (B) line 12.) ▶		·····	-7.4432-70-70	2017 Exp. (2017)
Part VIII	Investments-Program Related	<u>.</u>		11 12 12 12 1	100 1 100 100 100 100 100 100 100 100 1
	Complete if the organization answ		n 990, Part IV, lin	e 11c. See Forn	n 990, Part X, line 13.
***************************************	(a) Description of investment		(b) Book value	(c) M	ethod of valuation; id-of-year market value
(1)					
(2)				 	
(3)					
(4)				 	
<u>(5)</u>				}	
<u>(6)</u> <u>(7)</u>				-	
(8)				 	
(9)	,			<u> </u>	
	o) must equal Form 990, Part X, col. (B) line 13.)			A CONTRACTOR	是一次的数据10.20mm(12.20mm)
Part IX	Other Assets.				
	Complete if the organization answ	wered "Yes" to Form) Description	n 990, Part IV, lin	e 11d. See Forn	n 990, Part X, line 15. (b) Book value
(1)					
(5)					
(3)					.
_(4)					
(5)		 			
(6)					
		 			
(8)					
Total (Colu	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			
Part X	Other Liabilities.				·
	Complete if the organization answline 25.	wered "Yes" to Form	n 990, Part IV, lin	e 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value	1.775%	78,33.7	1. 17 \$ 68 BEET 121
(1) Federal in	come taxes		200	200	
(2)					
(3)					
(4)				TEN SERVICE	
(5)					
(6)				3 75 75	
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.)		1 3		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. Liability for	uncertain tax positions. In Part XIII, provis I llability for uncertain tax positions under	de the text of the footno	ote to the organization	on's financial statem	nents that reports the

Schedule D (Form 990) 2013

Schedu	e D (Form 990) 2013		Page 4
Par	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		111
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		in the
-а	Net unrealized gains on investments	2a	
_	Donated services and use of facilities	2b	
ь	Recoveries of prior year grants		- \$866
c			- 12681 - 12681
a		2d	التقتا
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	, . ,	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	I :
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	J.
b	Other (Describe in Part XIII.)	4b	<u></u>
c	Add lines 4a and 4b		14c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	Reconciliation of Expenses per Audited Financial Statem		
-	Complete if the organization answered "Yes" to Form 990, F		
1		artivi mio 12a.	T 1
	· · · · · · · · · · · · · · · · · · ·		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
a	Donated services and use of facilities	28	
ь	· · · · · · · · · · · · · · · · · · ·	2b	
С	Other losses		
đ	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 IX, line 25, but not on line 1:	1 1	
a	· · · · · · · · · · · · · · · · · · ·	4a	
ь	Other (Describe in Part XIII.)		-{****;-
_	Add lines 4a and 4b		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		46
5		e 16.)	5
	Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
2; Par	XI, lines 20 and 40, and Part XII, lines 20 and 40. Also complete this part	to provide any additional in	normation.

	18.55.55.65.6		~ ~ ~ · · · · · · · · · · · · · · · · ·
••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	***************************************	****	

•••••	······································	***	
	***************************************	******************************	***************************************
	······································		
••	/		
		***************************************	***************************************

Page 5 Part XIII Supplemental Information (continued)				
Part XIII	Supplemental Information (continued)			

***************************************		***************************************		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		
•••••				
-				

• • • • • • • • • • • • • • • • • • • •				

Schedule D (Form 990) 2013

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Curbiola, infunicanon uniper
Faternal Order of Eagles, Aerie 2817	93-0404789
Section 6 11A - Has the organization provided a copy of this Form 990 to all members of its governing	hadu bafara Glina?
Section 6 11A - Has the organization provided a copy of this Form 990 to all members of its governing	body percre ming?
The members are able to review any financial information by requesting from the Secretary or Treasur	er. Form 990 is provided to the
governing body for review and comment during a regular scheduled meeting.	
governing body to Testew and Comment during a regular Scheduled meeting.	
	•••••••••••••••••••••••••••••••••••••••
	······································
······································	
	·····

	•••••••••••••••••••••••••••••••••••••••
•••••••••••••••••••••••••••••••••••••••	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 890 or 890-EZ) (2013)	Page 2
Name of the organization	Employer identification number
	<u> </u>
***************************************	***************************************
,	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************

	•••••••••••••••••••••••••••••••••••••••
/	
······································	***************************************

	•••••••••••••••••••••••••••••••••••••••
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
······································	
***************************************	***************************************
	•••••••••••••••••••••••••••••••••••••••
•	

