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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 private foundations)

OMB No. 1545-0047

Open to Public

Do not enter Social Security numbers on this form as it may be made public.

		ue Service	► Information about Form 990 and its instructions is at www.irs.gov	v/form990.	Inspection
A	For the	e 2013 cal	endar year, or tax year beginning 6/1/2013 , and ending	<u>ig</u> 5/31/	2014
В	Check if	applicable	C Name of organization Fraternal Order of Eagles #1457	D Employer ic	dentification number
	Address	change	Doing Business As		
$\overline{\Box}$	N .1	_	Number and street (or P O box if mail is not delivered to street address) Room/suite	01-0061300	
느	Name ch	ange	164 Water Street	E Telephone n	iumber
	Initial reti	urn	City or town State ZIP code	(207) 474 24	66
\Box	T	- 4	Skowhegan ME 04976	(207) 474-34	56
ᆜ	Terminat	ea	Foreign country name Foreign province/state/county Foreign postal code	:	
	Amended	d return		G Gross receip	ots \$ 445,325
\Box	Amalianti		F Name and address of principal officer		subordinates? Yes X No
ш	Аррисан	on pending	1.1(2)	Is this a group return for	= =
) Are all subordinates	ıncluded? Yes No
1 7	Tax-exem	npt status	501(c)(3) X 501(c) (8) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a list	(see instructions)
	Website	e: ► N/A	H(c)) Group exemption nu	mher •
		rganization	X Corporation	ormation 1909	M State of legal domicile ME
₽F	?art l∵	Sui	nmary		
	1	Briefly d	escribe the organization's mission or most significant activities The Frate	ernal Order of Ea	igles is an
S			onal non-profit organization uniting fraternally in the spirit of liberty, truth,		.~
ä			and equality, to make human life more desirable by lessening its ills and		
Governance	۱ ـ				
Š	2		is box If the organization discontinued its operations or disposed of m	1	
	3		of voting members of the governing body (Part VI, line 1a)		5
တ	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4 5
() Activities &	5	Total nu	mber of individuals employed in calendar year 2013 (Part V, line 2a)		5 10
ĕ	6		mber of volunteers (estimate if necessary)		6 20
<u>. 8</u>	7a		related business revenue from Part VIII, column (C), line 12		7a 0
27	 b		elated business taxable income from Form 990-T, line 34		7b 0
	 	- IVOC GITTO	dated business taxable income from 1 onli 550-1, line 54	Prior Year	Current Year
	١.	Cantribi	those and growth (Dort VIII time dis)		
Revenue	8		tions and grants (Part VIII, line 1h)	0,4	431 5,661
e i	9		service revenue (Part VIII, line 2g)		0 0
. §	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		453 478
U.	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,8	825 69,534
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	77,	709 75,673
	13	Grants a	and similar amounts paid (Part IX, column (A), lines 1–3)	4.:	227 2,197
	14		paid to or for members (Part IX, column (A), line 4)	<u> </u>	0 0
vo	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)	197 19,124	
Se	16a		onal fundraising fees (Part IX, column (A), line 11e)	10,	0 0,124
en	l loa				
Expenses	b		ndraising expenses (Part IX, column (D), RE6 DVED 0		
ш	1 ''		rpenses (Part IX, column (A), lines 113–11d, 11f–24e)		026 81,928
	18	l otal ex	penses. Add lines 13–17 (must equal Part X, column (A) line 25)e less expenses. Subtract line 18 f(an line 12	103,4	
	19	Revenu		-25,	
5 6	20 21 22			ginning of Current Y	ear End of Year
sets	20	Total as	sets (Part X, line 16) OGDEN, U.T	144,0	618 119,935
AS	21	Total lia	bilities (Part X, line 26)	2.	529 2,710
ž.	22		ets or fund balances. Subtract line 21 from line 20	142,0	
ήĐ.	art II	2	nature Block	1 12,	117,220
			7, I declare that I have examined this return, including accompanying schedules and statements, and	to the heat of my know	wladaa
and	belief. it	is true, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	narer has any knowled	meage ine
		l k	Mari		1/1/15
Sig	gn	1	Construct of the second of the		711.3
He	re	',	Signature of officer	Date	
		4	Charles P. Guerin Treasurer		
			Type or print name and title		
		Prin	/Type preparer's name Preparer's signature	Date	PTIN
Pa	id	l			eck if
	epare	r <u> Joh</u>	n Jordan John Jordan	4/6/2015 self	f-employed P01208636
	e Onl		's name ► John B. Jordan, CPA, PA	Firm's EIN ► C)1-0494581
-			's address ▶ P O Box 607, Skowhegan, ME 04976		207) 474-6610
N 4 :-				Triione iio 1	
ivia	y the II	to alscus	s this return with the preparer shown above? (see instructions)		X Yes No
Fo	r Paper	work Red	uction Act Notice, see the separate instructions.	$\overline{}$	Form 990 (2013)

art	V Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
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	Х	
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	j	X
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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a		<u> X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
4.0	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a L	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
Ø	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		<u>X</u>
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u>X</u>
• •	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).	ا ا		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		_X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			v
19		18		<u>X</u>
Ü	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	ا ہہ ا	Ψİ	
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	<u> </u>	_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		X
~		LUU		

Par	V 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		X
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		X
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		X
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		<u> </u>	一
24 a	\$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		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 ^
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ū	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	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		
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			١.,
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		,
29	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions <i>in Yes, complete schedule in</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	 	
30	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	- 30		^
٠.	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	Х
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		<u> </u>
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	ļ	<u> </u>
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			
20	VI	37		X
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	X	

*Par	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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
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 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	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		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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		X
b	If "Yes," enter the name of the foreign country:			:
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	«) 11 H		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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			1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		_X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ĺ
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			1
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		1
11	Section 501(c)(12) organizations. Enter	l		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	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	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.		ļ	1
b	Enter the amount of reserves the organization is required to maintain by the states in which	l	1	
	the organization is licensed to issue qualified health plans]	1	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2013)
Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
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	X	
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		$\frac{\hat{x}}{x}$
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-	^	
10	one or more members of the governing body?	7a	х	
L		/a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7.	v	
_	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.	-		
a	The governing body?	8a	X.	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
þ	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	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	· · · · ·	12a		_X_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Χ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14		_X_
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Χ
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	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		
Sect	ion 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 501(c)(3)	s only	 ')	
	available for public inspection. Indicate how you made these available. Check all that apply.	•	-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	cy, an	d	
	financial statements available to the public during the tax year.	• •		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization. ► Charles Guerin (207) 474-34	66		
	164 Water Street, Skowhegan, ME 04976			

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Form	990	(201	31

Fraternal Order of Eagles #1457

LOUIS 330	(201	٠,	
Part V	ĺ		Со

Compensation of Officers, Directors, 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 nor any related organization compensated any current officer, director, or trustee.

	<u> </u>			•			<u> </u>	<u> </u>		
(A) Name and Title	week (list any hours for related organizations below dotted line) Week (list any hours for related organizations below dotted line)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
(1) Joe Horton	1.00]	Ì	l	Ì	1 1			1	
Trustee	0.00	Х								
(2) Terrence L Steward, Sr.	1.00								<u> </u>	
Trustee	0.00	X								
(3) Clifford Steward	1.00		Π							
Trustee	0.00	Ιx								
(4) Linda Whittemore	1.00		Τ							
Trustee	0 00	X		ļ	1					
(5) Brian Hjort	1.00									
Trustee	0 00	X								
(6) Charlie Guerın	3 00									
Treasurer	0.00	}		X	١			1,350		
(7) Terrence L. Steward	3.00			İ						
Secretary	0.00			X	<u> </u>			1,466		
(8) Joey Stewart	3.00								-	
President	0.00			X	Ĺ					
(9) Michael Higgins	3.00									
Vice-President	0.00			<u> x</u>						
(10)	- 									
(11)										
(12)										
(13)										
(14)										

	rt VII Section A. Officers, Directors, Tru		oloye	es,	and	Hi	ghes	t Co	ompensated Em	ployees (contin	ued)	
	(A) Name and title	(C) Position (B) (do not check more than one box, unless person is both a officer and a director/trustee					an	(D) Reportable	(E) Reportable	I .	(F) timated	
		hours per week (list any hours for related organizations below dotted line)			a Officer	Key employee	Highest compensated employee	e) Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fro orga and	nount of other oensation om the anization i related nizations
(15)												
(16)											-	•
(17)												
(18)		i										
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c d	Sub-total	ection A							2,816 0 2,816	C		0 0 0
2	Total number of individuals (including but not lin reportable compensation from the organization	mited to those lis	sted a	abov	/e) \ 0	vho	rece				<u> </u>	<u>-</u>
3	Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>	ector, or trustee,			loye						3	Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual	ater than \$150,0	007 /	f "Ye	es, "	con	nplete	e So	chedule J for suc		4	X
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "Y										5	×
Sec	tion B. Independent Contractors	oo, complete e	5,7000		107		л. р о.				1	
1	Complete this table for your five highest compecompensation from the organization. Report coyear.										tax	
	(A) Name and business add	ress							(B) Description of ser	vices	(C) Compen	
								L				0
											. -	0
								\vdash				0 0
											<u> </u>	0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	_	ted to	tho	se	liste	d abo		who received			

01-0061300

Form 990 (2013)

Part VIII Statement of Revenue

•		Check if Schedule O contains a response or note to any line in	this Part VIII			🔲 _
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues				
S, G	C	Fundraising events				
Sift:	d	Related organizations				
im.	е	Government grants (contributions) 1e 0				
er S	f	All other contributions, gifts, grants, and				1
ig th		similar amounts not included above 1f 605				
ont	g	Noncash contributions included in lines 1a-1f: \$0				
0 8	<u>h</u>	Total. Add lines 1a–1f	5,661			
en ne		Business Code			. 4	~
ven	2a		0			
Re	b		0			
Z C	С		0			
Ser	d		0			<u> </u>
щ	е					
Program Service Revenue	f	All other program service revenue	0			ļ
_	<u>g</u>	Total. Add lines 2a–2f	0			
	3	Investment income (including dividends, interest, and	4.0	I		
		other similar amounts)	18			
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	_					
	6a	Gross rents				
	b	Less rental expenses				\
	c d	Rental income or (loss)	425		0.79Mar 3 00.00	
	7a	() 0	420			
	r a	assets other than inventory 0 460				
	h	Less cost or other basis			*	
		and sales expenses 0 0	* ` *	,	* *	
	С	Gain or (loss)				1
	d	Net gain or (loss)	460	w.) 430	n decree estimals	w
	_					
ne	8a	Gross income from fundraising				1
èn		events (not including \$ 0				
Şe,		of contributions reported on line 1c).				
F		See Part IV, line 18			1	
Other Revenue	b	Less direct expenses b 462	%.		any manufacture accommendation	
0	С	Net income or (loss) from fundraising events	3,019			<u> </u>
	9a	Gross income from gaming activities.	^			
		See Part IV, line 19				
	b	Less direct expenses	1 4.	*		*
		Net income or (loss) from gaming activities	30,966			
	10a	Gross sales of inventory, less		:		
		returns and allowances a 144,193				
	b	Less cost of goods sold b 118,770	~ ~~		900 × ×	M. N. A
	<u> </u>	Net income or (loss) from sales of inventory	25,423			
	<u> </u>	Miscellaneous Revenue Business Code	vondur y		www on .	
	11a	Machine and music CDs	1,913			
	b	Reimbursements, refunds and returns	764			
	C	Miscellaneous	7,024			
	d	All other revenue	0		 	
	е	Total. Add lines 11a–11d	9,701		 	
	12	Total revenue. See instructions	75,673	l 0	1 0) C

	t IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all c	columns All other or	ganizatıons must c	omplete column (A)	
	Check if Schedule O contains a response or note t	to any line in this Pa	rt IX		🖂
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1			expenses	general expenses	expenses
1	Grants and other assistance to governments and	0.407			
_	organizations in the United States. See Part IV, line 21	2,197		· · · · · · · · · · · · · · · · · · ·	
2	Grants and other assistance to individuals in the				
	United States. See Part IV, line 22	0	 		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	3,491			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	13,482			
8	Pension plan accruals and contributions (include			•	
	section 401(k) and 403(b) employer contributions)	ol			
9	Other employee benefits	300			
10	Payroll taxes	1,851			
11	Fees for services (non-employees).	1,001			
''a	Management	o			
b	Legal	0			
		4,550			
C	Accounting	4,330			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	_			
	(A) amount, list line 11g expenses on Schedule O.)	0	i		
12	Advertising and promotion	1,959			
13	Office expenses	2,271			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	33,842			
17	Travel	1,783			
18	Payments of travel or entertainment expenses	i			
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,224			
20	Interest	0			
21	Payments to affiliates	3,419			
22	Depreciation, depletion, and amortization	10,532	0	0	0
23	Insurance	10,270			
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.)				
•	Cumpling	2,701			
a b	Lounge room entertainment	5,050			
-	Diving and authoristics	1,312			
٦ C		1,460			
ď	Equipment maintenance				
	All other expenses Other	1,555			
25	Total functional expenses. Add lines 1 through 24e	103,249	0	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if				
	following SOP 98-2 (ASC 958-720)	l			

33

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 29,149 1 11,985 2 2 3 0 3 0 4 423 4 628 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 0 7 0 6.295 8 6.295 9 Prepaid expenses and deferred charges . . . Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b 101.027 Less accumulated depreciation 272,083 108,751 10c h 11 11 0 0 12 Investments—other securities. See Part IV, line 11 ol 12 0 13 ol 13 14 0 14 ol 15 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 144.618 16 119,935 17 2.529 17 2.710 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . . 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 23 23 Secured mortgages and notes payable to unrelated third parties 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 25 Part X of Schedule D. Total liabilities. Add lines 17 through 25. 2,529 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds . . . 142.089 32 117,225

Total liabilities and net assets/fund balances

117.225

119,935

142.089

144,618

33

omi 9	90 (2013) Fraternal Order of Eagles #1457	0 1-006	1300	Page	<u>e 12</u>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		75,	,673
2		2		103,	,249
3	The foliate is the first of the	3		-27	,576
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		142,	,089
5	Net unrealized gains (losses) on investments	5			
6		6			
7		7			
8	The period dajustine in the contract of the co	8			
9	Other ditanges in her access of tand balances (explain in concease o).	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
		10		114	<u>,513</u>
art :				г	_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. </u>	<u></u>
		1		Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			-	
•	Schedule O.			-	v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both			- 1	
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.			l	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		_X_
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 stens taken to undergo such audits		่างหาไ		

Form **990** (2013)

SCHEDULE D (Form 990)

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Frate	nal Order of Eagles #1457		01-0061300
Part	Organizations Maintaining Done	or Advised Funds or Other Similar F	unds or Accounts.
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 6	j <u>.</u>
		(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)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do	nor advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject	<u> </u>	
6	Did the organization inform all grantees, done		
	used only for charitable purposes and not for		
	purpose conferring impermissible private ber		
ĝPari			
SI CII	•	vered "Yes" to Form 990, Part IV, line 7	,
			•
1	Purpose(s) of conservation easements held I	· · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recr		of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	tion held a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation eas		
C	Number of conservation easements on a cer		
ď	Number of conservation easements included		
_	historic structure listed in the National Regist		. 2d
3	Number of conservation easements modified		
•	during the tax year	, transferred, released, examigationed, or term	mated by the organization
4	Number of states where property subject to d	conservation easement is located	
5	Does the organization have a written policy r		handling of
	violations, and enforcement of the conservati		
6	Staff and volunteer hours devoted to monitor		
•	>	mg, mopeoung, and emoreing conservation	casements daming the year
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conservation ease	ments during the year
•	► \$	rispecting, and emorcing conservation ease	ments during the year
8	Does each conservation easement reported	on line 2/d) shows notinfy the requirements of	of noction
0			
	170(h)(4)(B)(i) and section $170(h)(4)(B)(ii)$?. In Part XIII, describe how the organization re		
9	balance sheet, and include, if applicable, the		
	· · · · · · · · · · · · · · · · · · ·	_	anciai statements that describes
Par	the organization's accounting for conservation	ections of Art, Historical Treasures,	or Other Similar Assets
):I5,CU		vered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other sim		
	of public service, provide, in Part XIII, the tex		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other sim	nilar assets held for public exhibition, educati	ion, or research in furtherance
	of public service, provide the following amou	nts relating to these items.	
	(i) Revenues included in Form 990, Part VIII	, line 1	▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of		
	following amounts required to be reported un		
а	Revenues included in Form 990, Part VIII, Iin		
b	Assets included in Form 990, Part X		

0

0

141.717

29,201

d

e

Other.

Equipment.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)

Schedule D (Form 990) 2013

9.875

126,605

Schedule D (Form 990) 2013 Fraternal Order of Eagle	es #1457	01-0061300	Page 🕻
Part VIII Investments—Other Securit			
. Complete if the organization a	inswered "Yes" to Form 990	, Part IV, line 11b. See Form 990, Part >	X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial derivatives	0		
(2) Closely-held equity interests	0		
(3) Other			
(A)	l l		
(B)			
(C)			
<u>(D)</u>	-		
<u>(E)</u>	-		
(F)			
(G)	-		
(H) otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII. Investments—Program Rela			
		, Part IV, line 11c. See Form 990, Part >	Y ling 13
			<u> </u>
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	• 0		
Part IX Other Assets.			
Complete if the organization a), Part IV, line 11d. See Form 990, Part)	
<u> </u>	(a) Description	(b) Book	value
(1)			
(2)			
(3)			
(4)	·		
(6)			
(7)		-	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, o	col (B) line 15) .		
Part X Other Liabilities.	<u> </u>		
	answered "Yes" to Form 990), Part IV, line 11e or 11f. See Form 990	, Part X,
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	0		
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

(7) (8)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

Frate	rnal Order of Eagles #1457					01-006	61300
∛Par	Fundraising Activities. C				ered "Yes" to Forr	n 990, Part IV, Iır	ne 17.
1	Form 990-EZ filers are not Indicate whether the organization ra				a activities Chack	all that apply	
a	Mail solicitations	iiseu iulius (illo)			of non-government g		
b	Internet and email solicitations		=		of government grants		
C	Phone solicitations				raising events	•	
d	In-person solicitations		a LT a	peciai iuiiu	raising events		
					(_
2a	Did the organization have a written key employees listed in Form 990, I						Yes No
b	If "Yes," list the ten highest paid ind to be compensated at least \$5,000			sers) pursu	ant to agreements ι	under which the fund	draiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1		ļ					
					_0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7	······································						
8		 -	ļ	 	0	0	0
					0	0	0
9		ļ		1.	0	0	0
10					0	. 0	0
Total				•	0	0	0
3	List all states in which the organization or licensing.	tion is registered	l or license	d to solicit			
			-				
				-		·	
·							
	••••						
						-	

Pa	ırt li	more than \$15,000 of f	fundraising event con	nization answered "Yes" tributions and gross inco		
		events with gross rece	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts			0	0
ا ا	2 3	Less [.] Contributions Gross income (line 1	· · · · · · · · · · · · · · · · · · ·		0	0
		minus line 2)			0	0
	4	Cash prizes			0	0
	5	Noncash prizes			0	0
Direct Expenses	6	Rent/facility costs			0	0
t Exp	7	Food and beverages	<u> </u>		0	0
Direc	8	Entertainment	<u> </u>		0	0
	9	Other direct expenses			0	0
	10 11	'				(<u>0)</u>
Pa	rt li	Gaming. Complete if t	he organization answ	vered "Yes" to Form 990	, Part IV, line 19, or re	
		than \$15,000 on Form	990-EZ, line 6a.		<u> </u>	(D.7.1)
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue		281,218	168	281,386
ses	2	Cash prizes		231,796		231,796
Expenses	3	Noncash prizes				0
Direct	4	Rent/facility costs				0
_	5	Other direct expenses		18,624		18,624
	6	Volunteer labor	Yes % No	Yes <u>%</u> X No	Yes % No	
	7	Direct expense summary. Add	d lines 2 through 5 in col	umn (d)		(250,420)
	8	Net gaming income summary.	. Subtract line 7 from line	e 1, column (d)	<u>, , , , , , , , , , , , , , , , , , , </u>	30,966
	a l	Enter the state(s) in which the org Is the organization licensed to op If "No," explain:	erate gaming activities i	n each of these states?		X Yes
		Were any of the organization's ga f "Yes," explain	aming licenses revoked,	suspended or terminated d	luring the tax year?	. Yes X No

Schedu	ule G (Form 990 or 990-EZ) 2013 Fraternal Order of Eagles #145/ 01-0061300 Page 3
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in
a	The organization's facility
b 14	An outside facility
14	and records
	Name ► Charlie Guerin
	Address ► 88 Rowe Road Skowhegan, ME 04976
15a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization \$ 0 \text{ and the} \\ amount of gaming revenue retained by the third party \$ 0 \\
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information
	Name ► Charlie Guerin
	Gaming manager compensation \$0
	Description of services provided Record keepping and reporting of gaming activity
	X Director/officer
17	Mandatory distributions.
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
b	retain the state gaming license?
Dán	or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
	additional information (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public

Inspection Internal Revenue Service Employer Identification number Name of the organization Fraternal Order of Eagles #1457 01-0061300 Form 990, Part VI, Section B, Line 11. The return is presented to the Trustees for review at a weekly meeting, questions are answered and changes made as needed prior to filing. Form 990, Part VI, Section C, Line 19. No documents available to the public.

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Noncash
٠,1	Federated Campaigns		
	Membership dues		<u></u>
	Fundraising events		
4	Related organizations		
	Government grants (contributions)		
	All other contributions, gifts, grants, and similar amounts not included above		
	Charitable donations	605	
	Other contributions total		0
7	<u>Total</u>	5,661	0

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

									_		1
								Description of	n Basis Method	2,417 Cost	,199 Cost
									Depreciation	2,41	1,199
Cost, other	basis and expenses	0	0		Expense	of sale and	cost of	improve-	ments		
Cost,	basis and			!		her basis	field only)	Donated	value		
ss	Se	0	0	460		Cost or other basis	(Enter one field only)		Cost	2,417	1,199
Gross	sales							Gross sales	pnce	200	260
		Total Public Securities	Total Non-Public Securities ☐	Total Other Sales				Date	sold	11/27/2013	5/28/2014
		Total Pub	otal Non-Pub	Tota				Acquisition	method	12/15/1993 Purchase	10/1/2001 Purchase
								Date	acquired	12/15/1993	10/1/2001
									Purchaser	Public	Public
						Check If	purchaser	is a	business		
					Check if Check if	gain/loss is gain/loss is Check if	from sale of	of public non public	securities securities		
					Check If	gain/loss is	from sale	of public	securities		
									CUSIP#		
									Description	1 Bar Stools	2 Storage shed

Part VIII, Line 10 (990) - Gross Sales of Inventory

	Total:	144,193	118,770	25,423
			Cost of	
	Category	Gross Sales	Goods Sold	Net
1	Bar sales	143,611	118,770	24,841
2	Bottle returns	582		582

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

Tartix, Ellie EE (000) - Depresiation, E	cpicalon, and	a Allioi deadon		
-	(A) Total	(B) Program	(C) Management	(D) Fundraising
		services	and general	
1 Depreciation	10,532			
2 Depletion	0			
3 Amortization	0			
4 Total	10,532	0	0	0

Part X, Line 4 (990) - Accounts Receivable

		Accounts	receivable	Allowance for doul	otful accounts
		Beginning	End	Beginning	End
1 Auxiliary 1457	1	75	281		
Payroll taxes	2	348	347		
	3				
	4				<u> </u>
The second of th	5				
	6				
	7				
	8				
	9		Ĭ		
0	10	, -			
1 Total accounts receivable	11	423	628	0	O

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

								T.40+			ľ		100 251	104 007
								I OLAE.	370,347	209,590	272,083	7570-	108,731	101,027
				Leasehold			Check If	Check If		Beginning	Ending			
				Improve-			Investment	Asset		Accumulated	Accumulated	Disposals/	Beginning	
	Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation De	Depreciation	⋖	Balance	Balance
-	Land and improvements					×			29,201	3,080	3,300		26,121	
2	Buildings and improvements		×						202,192	130,067	136,941		72.125	
3	Furniture, fixtures and equipment				×				146,954	136,449	131.842	-5.237	10,505	9,875
								Andreas of the latest designation of the lat			the same and the same of the s	-		

Part IX, Line 5

. Description	Total
1 Trustees pay	675
2 Officers salaries	2,816
Total	3,491

Part,IX, Line 16

~	Description	Total
1	Cleaning and maintenance	9,176
2	Pest control	0
3	Building repairs	1,898
4	Utilities	20,525
5	Cable TV service	2,243
6		
Total		33,842