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# Form 990 3

## **Return of Organization Exempt From Income Tax**

2013

OMB No 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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<u>A I</u>	For th	e 2013 calend	ar year, or tax year beginning 06-01 , 2013, and end	ling	05-	31 ,2014	
В	Check if	epplicable			Employer identification no.		
	Address	change	Doing Business As EAGLES CLUB AERIE 793			03-0123326	
	Name ch	nange	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E	Telephone number	
	nitial ret	lum	1233 SHELBURNE ROAD	В1	- 1	(802) 651-9004	
	Temina	ted	City or town, state or province, country, and ZIP or foreign postal code			1,350,017	
	Amende	d retum	South Burlington, VT 05403		G	Gross receipts \$	
$\overline{}$		on pending	F Name and address of principal officer DAVID BROWN	<u> </u>			
_			Same as C above	H(a) Is this a gre subordinate	oup retui	rn for Yes X No	
	Tax-exe	mpt status	501(c)(3)	H(h) Are all sub	ordinate	s included? Yes No	
		. ► N/A	CONTONIO 1 TANGENTIA 1 TO TANGENTIA 1	If "No," atta H(c) Group exer	ich a list	(see instructions)	
			Corporation ☐ Trust ☐ Association ☐ Other ► L. Year of formation 190	1			
_	rt I	Summar		U-E INI State	or legal	dollicie AT	
<u> </u>	1		be the organization's mission or most significant activities TO PROVIDE ITS ME	WEDDO WITH	, mu	E ODDODOMNITOV	
_	'	•					
Governance			OTHERS THROUGH FUNDRAISING ACTIVITIES, SOCIAL GATHERINGS				
Ţ.			TION OPERATES UNDER A LODGE SYSTEM, THE CHARITABLE EARNI	NGS OF WIT.	LCn A	ARE DEVOTED	
Ver			ELY TO ITS FRATERNAL MISSION PURPOSES.	10.001.00010			
တိ	2		ox I if the organization discontinued its operations or disposed of more than 25% of it	is net assets			
≎ಶ	3		oting members of the governing body (Part VI, line 1a)		3	10	
ies	4		dependent voting members of the governing body (Part VI, line 1b)		4	0	
Σį	5	Total numbe	r of individuals employed in calendar year 2013 (Part V, line 2a)		5	14	
Activities &	6	Total numbe	r of volunteers (estimate if necessary)		6		
•	7a	Total unrelat	ed business revenue from Part VIII, column (C), line 12		7a	0	
	b	Net unrelate	d business taxable income from Form 990-T, line 34		7b	0	
				Pnor Year		Current Year	
	8	Contributions	s and grants (Part VIII, line 1h)	28	, 809	23,394	
Re	9	Program ser	vice revenue (Part VIII, line 2g)			7,547	
Revenue	10	Investment ii	ncome (Part VIII, column (A), lines 3, 4, and 7d) RECELVED.	16	, 088	3,492	
ě	11	Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e)		,279	254,732	
	12		e - add lines 8 through 11 (must equal Part (A)) column (A)) line 12) 4 · · · · · ·		,176	289,165	
	13		similar amounts paid (Part IX, column (A), lines (-3)		159	53	
	14		to or for members (Part IX, column (A), line 4)			12,775	
	15	•	er compensation, employee benefits (Part IX, column (A), lines 5-10)	146	, 803	113,459	
Ses	- 1		fundraising fees (Part IX, column (A), line 11e)		,005	0	
Expenses	- 1		sing expenses (Part IX, column (D), line 25)			<u> </u>	
Š	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	116	1 5 0	101 360	
ш	18	•			,158	101,360	
		•	ses Add lines 13-17 (must equal Part IX, column (A), line 25)		,120	227,647	
	19	Revenue les	s expenses Subtract line 18 from line 12		,056		
Net Assets or			<del></del>	ginning of Current		End of Year	
888	20		(Part X, line 16)	1,468	, 300	1,539,046	
	21		es (Part X, line 26)			9,228	
<u> </u>	22		r fund balances Subtract line 21 from line 20	1,468	,300	1,529,818	
Pa			re Block				
Under	penalti	es of penjury Tec	lare that I have examined this return, including accompanying schedules and statements, and to the best of my know laration of greparer (other thag officer) is based on all information of which preparer has any knowledge	wledge and belief, it	ıs		
	-		La V. D. A. J. –		Ta	* h = h = 11/	
- <b>-</b> -			all Milloun		100	5/20/2014	
Sig		Signatur	re of officer		Date		
Her	·e	CHAR	LIE MUNSON, SECRETARY				
<u>.</u>			print name and title				
		Print/Type or	eparer's name Date	Check	ıf P	TIN	
Paid James Goldsbury CPA W Club 8/19/14 self-employed P01207833							
Preparer Firm's name > J A Goldsbury PC Firm's EIN > Q3-036						367787	
	On			Phone no	<u></u>		
<b>-</b> 50		- Films addres			12-94	63-6788	
Max	the ID	S discuss this	South Burlington VT 05403  return with the preparer shown above? (see instructions)			· · · 🛛 Yes 🗍 No	
IVICIV	THE ILE	こうしょうしょう はしき	TETALLI MIGITUS DIEDGIEL SHOMIT GDOVE. (SEE HISH UCHOHIS)			· · · · · · · · · · · · · · · · · · ·	

	1330 (2013) FRATERNAL URDER OF EAGLES CHAMPLAIN U3-0123326 Fdge2
Га	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	·
	TO PROVIDE ITS MEMEBRS WITH THE OPPORTUNITY TO HELP OTHERS THROUGH FUNDRAISING ACTIVITIES,
	SOCIAL GATHERINGS, AND VOLUNTEERISM. THE ORGANIZATION OPERATES UNDER A LODGE SYSTEM, THE
	CHARITABLE EARNINGS OF WHICH ARE DEVOTED EXCLUSIVELY TO ITS FRATERNAL MISSION PURPOSES.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	pnor Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
	the total expenses, and retained, if any, let easily program estimate reported
4a	(Code ) (Expenses \$ 227,647 including grants of \$ ) (Revenue \$ )
	ALL PROGRAM SERVICE EXPENSES ARE TOWARDS THE ORGANIZATION'S MISSION OF HELP TO OTHERS THROUGH
	FUNDRAISING ACTIVITIES, SOCIAL GATHERINGS, AND VOLUNTEERISM.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
70	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses 227,647

EEA

Form 990 (2013)

Form 990 (2013)
Part IV C 3) FRATERNAL ORDER OF EAGLES CHAMPLAIN 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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			X
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			
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 98-197 If "Yes," complete Schedule C,	_		
	Part III	_5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			ļ ,,
	"Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		١,,
	complete Schedule D, Part III	8		X
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			١,,
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
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	~		× 240
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	Χ	1
h	complete Schedule D, Part VI	Ha	Δ	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			11
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			<del>                                     </del>
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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				
	Schedule D, Parts XI and XII	12a		Х
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		Х
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		1	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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		X
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	<u>X</u> _	ļ
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	1

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 21 Χ government on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 22 X on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 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 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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 Χ 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 27 Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 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) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b 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 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ........... Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 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 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 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, 37 Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O ...............

# Form.990 (2013) FRATERNAL ORDER OF EAGLES CHAMPLAIN 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
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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		-	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			_
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	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		<u>X</u>
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 dunng 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		<u>X</u> _
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	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			17
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	66		
_	gifts were not tax deductible?	6b		<del></del>
7	Organizations that may receive deductible contributions under section 170(c).			
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		
_	and services provided to the payor?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
С	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			,
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?	7f		
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		1 1 % 1	
	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			,
11	Section 501(c)(12) organizations. Enter			
a	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		
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.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
	Note. See the instructions for additional information the organization must report on Schedule O			,
b	Enter the amount of reserves the organization is required to maintain by the states in which	7	بآرنية	(-" )
	the organization is licensed to issue qualified health plans	*猪		drift.
C	Enter the amount of reserves on hand		Mink:	.tans: X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		├^-
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		<u></u>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in the Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 10 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 1b Enter the number of voting members included in line 1a, above, who are independent 0 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 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? X 6 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? 7a Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Χ stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8Ь Χ Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) Yes 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 16a with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 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 Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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 organization 20 CHARLIE MUNSON (802)651-9004, 1233 SHELBURNE ROAD, South Burlington, VT 05403

Form	.990	(2013)	

FRATERNAL ORDER OF EAGLES CHAMPLAIN

03-0123326

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

				(C)	,			(D)	(E)	(F)
hour week ( hour rela	erage irs per (list any urs for elated	Position (do not check more than one box, unless person is both an officer and a director/trustee)				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization		
below	w dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(**21033-41100)		and related organizations
(1) SHARRON GREER1 CONDUCTOR1	.00_	Х						0	0	0
(2) CLEM_SOUTIERE3 TRUSTEE	3.00_	X						0	0	0
(3) DAN POPLAWSKI3 TRUSTEE	3.00_	Х						0	o	0
(4) BARRY GADHUE3 TRUSTEE	3.00_	Х						0	0_	0_
(5) TOM LOYER 3	3.00_	Х						o	0	0
(6) DENNIS DUDLEY 3	3.00_	Х						0	O	0
(7) DAVID BROWN 5	5.00_			Х				0	o	0
(8) T. KARL HUBBARD 3	3.00_			Х				0	0	0
(9) RICHARD BUZZI1 TREASURER1	L00_			Х				0	0	0
	3.00_			Х				10,866	0	0
<u>(11)</u>										
<u>(12)</u>										
(13)										
(14)						-				

EEA

03-0123326

<u>Part</u>	VII Section A. Officers, Directors, Trustees,  (A)  Name and title	(B)  Average hours per week (list any hours for related	officer and director/tr				ian one both an ustee)		(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estima amour oth compen	unt of ther	
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organiz and re organiz	lated	
15)							ļ						
16)													
17)								-					
18)													
19)													
20)													
21)													
22)													
23)													
24)													
25)				:									
1b c d	Sub-total	on A .				 		<b>&gt;</b>	10,866	0		(	
2	Total number of individuals (including but not limited reportable compensation from the organization									0			
3	Did the organization list any former officer, director,	or trustee, ke	ey emp	oloye	e, o	r hig	hest o	omp	pensated		Ye	s N	
4	employee on line 1a? if "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rep organization and related organizations greater than	for such indi ortable comp	vidual ensati	on a	 ind o	 thei	comp	 ens	ation from the		3	X	
5	Individual	-		-			-	 lizati	on or individual		5	X	
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Report compensation year												
	(A) Name and business address								(B) Description of		(C) Compens	ation	
											<del></del>		
2	Total number of independent contractors (including	but not limite	d to th	ose	liste	d ab	ove) w	/ho			ا مانس	£	
FA	received more than \$100,000 of compensation from	the organiza	tion	<u> </u>							Form 990	. (004)	

FRATERNAL ORDER OF EAGLES CHAMPLAIN
Statement of Revenue Page 9 03-0123326

		Check if Schedule O contains a response of	r not	te to any line in this	Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
ងង	1a	Federated campaigns	1a					3.23
듣	b	· · · ·	1b	14 960				
٥٤		· —	1c	14,860				
ã,₹	C	· · · · · · · · · · · · · · · · · · ·	-					
<u>છેં≅</u>	d		1d		,			
9.jg	е		1e					
ë Ë	f	All other contributions, gifts, grants,			į			
夏姜		and similar amounts not included above	1f	8,534				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1a-1f	\$					
<u> </u>	h	Total. Add lines 1a-1f			23,394			
_				Business Code				
Ē	2a	MISCELLANEOUS REVENUES			2,174	2,174		
96		OTHER REVENUE	_		5,373	5,373		
8	c		-		-,			
چَ	d		— r	-				
Š	ē		— h					
Program Service Revenue	[	All other program serves revenue	<u> </u>					
<b>6</b>	1	All other program service revenue · · · · · · · · · · · · · · · · · · ·						
		Total. Add lines 2a-2f			7,547			
	3	Investment income (including dividends, intere		_				
		and other similar amounts)		}	3,492	3,492		
	1	Income from investment of tax-exempt bond p		7		. —		
	5	Royalties						
		(ı) Real		(II) Personal				4
	6a	Gross rents · · · · · · ·						,
	b	Less rental expenses · · · ·			ļ			
	С	Rental income or (loss)						
	d	Net rental income or (loss)					-	
	<sub>7a</sub>	Gross amount from sales of (i) Securities		(ii) Other				
		assets other than inventory						
	Ь	Less cost or other basis			ļ			
	-	and sales expenses · · · ·						
	c	Gain or (loss) · · · · · ·		·				
	d	Net gain or (loss)			-			
enne	ı	Gross income from fundraising	ſ					
		events (not including \$	l					
è		of contributions reported on line 1c)						
Other Rev		See Part IV, line 18 · · · · · · · · · · ·	a					
Ę	h	Less direct expenses	-					
U	4	Net income or (loss) from fundraising events	_					
	4	_	·					
	9a	Gross income from gaming activities					•	٠- '
	١.	See Part IV, line 19 · · · · · · · · · · · · · · · · · ·	- t	927,130			,	* 19,4 *** 1
		Less direct expenses · · · · · · · · ·	_	821,832		-		· · · · · · · · · · · · · · · · · · ·
	C	Net income or (loss) from gaming activities			105,298	105,298		
	10a	Gross sales of inventory, less	-					
		returns and allowances	<u>, , , , , , , , , , , , , , , , , , , </u>	388,454				
	,	Less cost of goods sold · · · · · · · · · · · ·	_	239,020				
	C	Net income or (loss) from sales of inventory			149,434	149,434		
	<u> </u>	Miscellaneous Revenue		Business Code			-	,
	11a		_					-
	Ь		_	· · · · ·				
	C		_					
		All other revenue · · · · · · · · · · · · · · · · · · ·						
	e	Total. Add lines 11a-11d · · · · · · · ·		<i>.</i> <b>&gt;</b>				
	12	Total revenue. See instructions			289,165	265,771	0	0

Form 990 (2013) FRATERNAL ORDER OF EAGLES CHAMPLAIN
Statement of Functional Expenses

<u> </u>	(an E04/a)/(a) and E04/a)/(b)	All 11 :		-1 (0)	
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all col				<del></del>
	Check if Schedule O contains a response or note to an				
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_	0b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	53	53_		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22		*		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	12,775	12,775		
5	Compensation of current officers, directors,				
	trustees, and key employees	10,866_	10,866		
6	Compensation not included above, to disqualified				_ :
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	94,904	94,904		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				-
10	Payroll taxes	7,689	7,689		
11	Fees for services (non-employees)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,		
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees		<del>-</del>		
g g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O) · ·				
12	Advertising and promotion				
13	Office expenses	E 069	F 060		
14	Information technology	5,068	5,068		
15	Royalties	71 011	71 011		
16 47		71,311	71,311		
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	780	780	<del></del>	
20	Interest		<del></del>		
21	Payments to affiliates			<del> </del>	
22	Depreciation, depletion, and amortization				
23	Insurance	20,038	20,038	·	
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)	···			
а	LICENSES AND RELATED COSTS	2,014	2,014		
b	OTHER EXPENSES	2,149	2,149		
С					
d					
0	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	227,647	227,647	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				
	following SOP 98-2 (ASC 958-720)				

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	$\sqcup \bot$	End of year
	1	Cash - non-interest-bearing	91,955	1	57,431
	2	Savings and temporary cash investments	589,967	2	671,225
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			•
		trustees, key employees, and highest compensated employees		.	* * /* /*
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	7,385	8	7,862
488	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or	· · · ·		
		other basis Complete Part VI of Schedule D 10a 802,528			
	ь	Less accumulated depreciation 10b	778,993	10c	802,528
	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	<del></del>	13	
	14	Intangible assets	. =	14	
	15	Other assets See Part IV, line 11		15	<del></del>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,468,300	16	1,539,046
	17	Accounts payable and accrued expenses	1,400,500	17	9,228
	18	Grants payable		18	3,220
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
m	22	Loans and other payables to current and former officers, directors,		<del>  -</del>	
Liabilities	**	trustees, key employees, highest compensated employees, and		1	
į		disqualified persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0 220
	20	Organizations that follow SFAS 117 (ASC 958), check here	<u> </u>	++	9,228
S		complete lines 27 through 29, and lines 33 and 34.			
ž	27	Unrestricted net assets	1,416,313	27	1,478,789
<u>a</u>		Temporarily restricted net assets		28	
8	28	Permanently restricted net assets	51,987	29	51,029
Š	29			25	
Net Assets of Fund Balances		— · · · · · · · · · · · · · · · · · · ·			
<b>8</b> 2		complete lines 30 through 34.			
se(	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š	32	Retained earnings, endowment, accumulated income, or other funds		+	
_	33	Total net assets or fund balances	1,468,300	33	1,529,818
	34	Total liabilities and net assets/fund balances	1,468,300	34	1,539,046

			3326	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI			· · · <u>·</u>	<u>· 🛛 _</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		289,1	.65_
2	Total expenses (must equal Part IX, column (A), line 25)	2		227,€	47
3	Revenue less expenses Subtract line 2 from line 1	3		61,5	18
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	168,3	300
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			0_
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1			
	33, column (B))	10	1,	529,8	31 <u>8</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				· 🗆
				Yes	No
1	Accounting method used to prepare the Form 990 🔯 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. <b></b>	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				l
b	Were the organization's financial statements audited by an independent accountant?	. <b></b> .	2b		X
	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				
	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				
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				
			3b		
EEA			Forr	n <b>990</b> (	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

2013

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	or the organization	Employer identification number
FR	ATERNAL ORDER OF EAGLES CHAMPLAIN	03-0123326
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	ounts.
	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)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	<del></del>
6	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	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
		ically important land area
	☐ Protection of natural habitat ☐ Preservation of a certifie	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution 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 easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
Ī	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	— · · · · · · · · · · · · · · · · · · ·
•	tax year	anzation during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	Tyes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	<b>—</b> · · · · <b>—</b> · · ·
		and you.
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	vear
•	► \$	,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	4)(B)
_	(i) and section 170(h)(4)(B)(ii)?	~
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements t	•
	organization's accounting for conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	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	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these if	
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
_	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in	
	public service, provide the following amounts relating to these items	Talinorance of
	(i) Revenues included in Form 990, Part VIII, line 1	▶ s
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	in, provide the
_	Revenues included in Form 990, Part VIII, line 1	▶ s
a	Assets included in Form 990, Part X	
b	Maacia iliduucu iii Fullii aau, Fail A	· · · · · · · · · · · · · · · · · · ·

	till Organizations Maintaining					00011500	0 - Oth	or Similar Ac		age z
	rt III Organizations Maintaining C								sets (continue	;u)_
3	Using the organization's acquisition, accession,	and otr	ner recora	is, check any of	the follow	ing that are a	significa	int use of its		
	collection items (check all that apply)									
а	Public exhibition		_	Loan or excha	nge progra	ıms				
	Scholarly research		θ ∐	Other						
C	Preservation for future generations									
4	Provide a description of the organization's collect	tions a	nd explair	n how they furth	er the org	anızatıon's ex	empt pu	rpose in Part		
	XIII.									
5	During the year, did the organization solicit or re-	ceive d	lonations	of art, historical	treasures	, or other sım	ılar			_
	assets to be sold to raise funds rather than to be			part of the orga	nization's o	collection?		<u></u>	· ·   Yes	<u>J</u> No
Pai	rt IV Escrow and Custodial Arrang								_	
	Complete if the organization ar	nswei	red "Yes	s" to Form 9	90, Parl	IV, line 9,	or rep	orted an amoi	ant on Form	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian of									_
	•					• • • • • •			· ·  Yes	_ No
b	If "Yes," explain the arrangement in Part XIII and	l comp	lete the fo	ollowing table						
								An	nount	
С										
d	Additions during the year						· · 10			
0	Distributions during the year		<i></i>				· · 16	)		
f	Ending balance						1f			
2a	Did the organization include an amount on Form	990, F	art X, line	21?					· · Yes	] No
b	If "Yes," explain the arrangement in Part XIII Ch	eck he	re if the e	explanation has	been prov	ided in Part X	an		<u> [</u>	
	rt V Endowment Funds.		•		•					
	Complete if the organization ai	nswe	red "Ye:	s" to Form 9	90, Parl	t IV, line 10	כ			
		1	Current year		or year	(c) Two years		(d) Three years back	(e) Four years ba	ack
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and			-				-		
_	losses									
d										
- A	Other expenditures for facilities and						**		<del></del>	
·	programs									
f	Administrative expenses								<del></del>	
g	End of year balance					<del> </del>			<del> </del>	
2	Provide the estimated percentage of the current	vear e	nd balanc	ce (line 1a, colu	mn (a)) he	ld as		<u></u>	<u></u>	
- а	Board designated or quasi-endowment	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	%		(=/,					
b	Permanent endowment > %		~							
c	Temporarily restricted endowment		%							
·	The percentages in lines 2a, 2b, and 2c should	equal 1	<b>—</b>							
3a	Are there endowment funds not in the possession	•		ation that are h	eld and ad	ministered for	r the			
ou	organization by	J. O. a.	ic organiz	ation that are n	0.0 0.10 00				Yes	No
	(i) unrelated organizations · · · · · · · ·								. 3a(i)	
	(ii) related organizations · · · · · · ·								. 3a(ii)	
_	If "Yes" to 3a(II), are the related organizations lis	tod ac	required	on Schedule R					3b	
b 4	Describe in Part XIII the intended uses of the organizations is		-							
4 D2	rt VI Land, Buildings, and Equipm		uons enu	owinem lands						
Га	Complete if the organization a		red "Ye	s" to Form 9	90 Par	t IV line 1	1a Se	e Form 990 P	art X line 10	
		13440			1		ſ		(d) Book value	
	Description of property			or other basis vestment)	1 ' '	or other basis other)		Accumulated epreciation	(d) DOOK VAIDE	
4-	Lond		,		<del> </del>			·		
1a	Land			755 775	<del> </del>		<b></b>		755 7	7 F
b	Buildings			755,775	1		ļ		755,7	13
	Leasehold improvements			46 750	<del>                                     </del>		<u> </u>			150
d	Equipment	• • •		46,753	<del>                                     </del>	<del> </del>			46,7	23
e Tota	Other		m 990 Pa	rt X. column /	) line 10/4	<u> </u>			802,5	20
ı ota	ı. Addı illes Ta tribuyri Te (Columii (b) Must eqt	iai r'Ull	11 220, 74	A, WIGHIN (E	7, mic 10(t	<i>".</i> ". " · · · · · · · · · · · · · · · · ·			002,3	~~0

(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	
D. 4 VI 00 1:1 190	

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1.	(a) Description of liability		(b) Book value
(1) Federa	I income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 25.)	<b>•</b>	

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

	le D (Form 990) 2013 FRATERNAL ORDER OF EAGLES CHAMPLAIN		3-0123326 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		Return.
	Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	2a	are an a
ь	Donated services and use of facilities	2b	land to the land
C	Recovenes of pnor year grants	2c	
d	Other (Describe in Part XIII )	2d	(Activity)
θ	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		2е
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	1
С	Add lines 4a and 4b		1 4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses	per Return.
	Complete if the organization answered "Yes" to Form 990, P		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	†
	Other losses · · · · · · · · · · · · · · · · · ·	2c	1
C	Other (Describe in Part XIII )	2d	4
d	Add lines 2a through 2d		2e
9	Subtract line 2e from line 1		3
3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4.	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIII )	4b	<del> </del> -
C			4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
	rt XIII Supplemental Information		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines		t A, line
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional information	
		· · · · · · · · · · · · · · · · · · ·	
		· . · · ·	<del></del> -
		_ <del></del>	
	·····		
EEA			Schedule D (Form 990) 2013

#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

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.

2013

Department of the Treasury

Name	of	the	orga	nization

Open to Public

	about Schedule G	Form 990 or	990-EZ) and	its instructions is at wy	w.irs.gov/		Inspection
ame of the organization						Employer ider	tification number
RATERNAL ORDER OF EAGLES CH	RAMPLA IN					03-012	23326
Part I Fundraising Activities	. Complete if t	he organi	zation an	swered "Yes" to F	Form 99	0, Part IV,	line 17
Form 990-EZ filers are no	t required to con	nplete this	part.				
1 Indicate whether the organization rais	ed funds through a	ny of the fol	lowing activi	ties. Check all that app	oly	-	
a Mail solicitations	•			of non-government gra			
b Internet and email solicitations				of government grants			
c Phone solicitations				Iraising events			
<b>=</b>		A LT	opecial func	irdising events			
d In-person solicitations		<b></b>	al a.l. ( a.l al.				
2a Did the organization have a written or						<b></b>	п
or key employees listed in Form 990,						∐ Ye	<b>—</b>
<b>b</b> If "Yes," list the ten highest paid indivi	duals or entities (fu	ındraisers) (	oursuant to a	igreements under which	ch the fund	draiser is to be	
compensated at least \$5,000 by the o	rganization						
		(ui) Did fun	draiser have	4 3. 0		ount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		control of	(iv) Gross receipts from activity		tained by) ser listed in	(or retained by)
or enaty (tundraiser)		contrib	utions?	nom douvey		ol (i)	organization
		Yes	No			- ''	
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10							
Total • • • • • • • • • • • • • • • • • • •			▶				
3 List all states in which the organization	is registered or lic	ensed to so	licit contribu	tions or has been notifi	ied it is ex	empt from	
registration or licensing							
-							
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03-0123326

		grass receipts greater than		u gross income on Form	1 330-EZ, IIIIes 1 aliu oi	J. LISI EVEIIIS WILII
		gross receipts greater than	\$5,000. (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				
~	2	Less Contributions · · · · · · ·		,	1	
	3	Gross income (line 1 minus				
	_	line 2)		<u>.</u>		
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs · · · · · · ·			<u> </u>	
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses · · · · .			<u>-</u>	
	10 11	Direct expense summary Add lines Net income summary Subtract line				
Pa	rt II					more
		than \$15,000 on Form 990	-	, 		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue · · · · · · · · ·		927,130		927,130
ses	2	Cash prizes		805,592		805,592
ect Expenses	3	Noncash prizes			200	
Direct	4	Rent/facility costs · · · · · ·		16,240		16,240
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes%  ☑ No	☐ Yes % ☐ No	›
	7	Direct expense summary Add lines	2 through 5 in column (d)			821,832
<b></b>	8	Net gaming income summary Subtr	act line 7 from line 1, colun	nn (d)		105,298
9 a b	Enter the state(s) in which the organization operates gaming activities VT_  Is the organization licensed to operate gaming activities in each of these states?					
Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?					···· Yes 🛛 No	

	ule G (Form 990 or 990-E2) 2013 FRATERNAL ORDER OF EAGLES CHAMPLAIN 03-0123326 Page
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:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
•	records
	icolus
	Name ►
	Address ►
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 \$\bigs\square\$ \$ and the
	amount of gaming revenue retained by the third party
С	If "Yes," enter name and address of the third party
_	The state of the state and address of the state party
	Name ►
	Address •
16	Gaming manager information
	Cutting Harlager Information
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	☐ Director/officer ☐ Employee ☐ Independent contractor
17	Mandatory distributions
а	Is the organization required under state law to make chantable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or
	spent in the organization's own exempt activities during the tax year   \$ \$
Pa	rt IV   Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see
	instructions)
EEA	Schedule G (Form 990 or 990-EZ) 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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

FRATERNAL ORDER OF EAGLES CHAMPLAIN	03-0123326
01. Members or stockholder classes and rights (Part	VI, line 6)
The Fraternal Order of Eagles 793 is a Social Club that helps other	s through fundraisers
and volunteerism, and consists of 742 members.	
02. Member election for additional members (Part VI,	, line 7a)
The organization holds elections annually, and all members have the	right to elect new
officers and other governing body members. The overall governing boo	dy maintains the
operation of the Club within the guidlines of its By-Laws.	
03. Governing body decisions (Part VI, line 7b)	
Decisions made by the overall governing body are brought to a bi-more	nthly meeting, and are
either approved or denied.	
04. Form 990 governing body review (Part VI, line 11	L)
The competed Form 990 is presented and reviwed by the organization'	s Secretary, prior to
signature and mailing.	
	, <u>, , , , , , , , , , , , , , , , , , </u>
05. Form 990 availability to public (Part VI, line 1	L8)
The organization's Form 990 is made available to the public upon re	quest.
06. Governing documents, etc, available to public (F	Part VI, line 19)
Governing documents are made available to the public upon request.	·