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SCANNED JUN 1 6 2015

Department of the Treasury

Return of Organization Exempt From Income Tax Va * 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 By law, the IRS generally cannot redact the information on the form. Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

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Ā	For the	e 2013 (calend	ar year,	or tax		eginning			Jun						May		1,2014
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	Address c			ng Busin											23-	-7143	3525	<u> </u>
٦,	Name cha	inge	Nur	mber & st	reet (or	PO box	r if mail is not	delivered to	street	address)	Roo	om/suite		E Tele	ephone ni			
٦	Initial return PO Box 324 907-835-4431																	
Terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$											313134.							
٦,	Amended	ded return VALDEZ AK 99686-									H(a)		group ret	urn				
	Application	n	F N	Name and	addres	s of prin	cipal officer	Ric	cha	rd Mc	Cal.	list	er		for subc	ordinates?		Yes X No
	pending		1	Box			VALE	ΈZ		AK 9	968	6-		H(b)	Are all s	subordinat	tes incli	uded?
ı T	ax-exen	npt status	' -	501(0				(insert no)		4947(a)(1) or	52	7	, ,		ttach a list		Yes No
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Activities &	l			-		-		governing be					•	•		1		
Σ	l							ır year 2013	(Pan	t V, line 2a	a)			•	•	5		13
Cti	ł				•		of necessa	• -			•	•		•		6		13
•								column (C)								. 7a		
	b I	Net unre	elated b	ousiness	taxab	le incor	ne from For	m 990-T, lır	1e 34					<u>.</u>	•	7b		
														Pric	or Year	10	Cu	rrent Year
<u> </u>	8 (Contribi	utions a	and gran	its (Par	t VIII, li	ne 1h)					1 - 1 V		\	602	18.		62121.
Revenue	9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)																	
ě	10	Investm	ent inc	ome (Pa	art VIII,	column	(A), lines	3, 4, and 7d)	8		•		8		2.		-500.
œ	11 (Other re	evenue	(Part VI	il, colu	ımn (A)	lines 5, 6d	, 8c, 9c, 10d	c, and		MAY 1	1 2 20	115	10	1622	86.		147697.
	12	Total re	venue	- add lin	es 8 th	rough 1	1 (must eq	ual Part VIII	i, <mark>col</mark> u	11 65 11 .	• • • • •			182	2225	06.		209318.
	13	Grants	and sin	nılar amı	ounts r	aid (Pa	rt IX, colum	n (A), lines	1-3)		200	Ri	9 0		ļ			
	1							n (A), line 4)		(L) (L)	GDI	ZM.	U	1	<u> 198</u>	18.		2336.
s	1							s (Part IX, c		n (A), line	s 5-10)				846	58.		78530.
Expenses	1																	
be		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses, (Part IX, column (D), line 25)▶											***	, 25.54.5g	- T		···· , ,	
Щ	1			_				11d, 11f-24	e)					,	1398	87.		110783.
	1		•	•				art IX, colum		, line 25)					2343	63.		191649.
	1		•				ne 18 from		, ,						-118	57.		17669.
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Net Assets or Fund Balances	20	Total as	ssets (F	Part X, lı	ne 16)										316	08.		43330.
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Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		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	3		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	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		
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		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,"			
	complete Schedule D, Part III	8	ı	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 debt negotiation		i	
	services? If "Yes," complete Schedule D. Part IV	9	ı	X
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	ı	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	: 35	*1.1	
•	VII, VIII, IX, or X as applicable	1 1	. 6	8 / 3
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	. 40.0	. ~ '	
u	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	110		
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ľ	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	110		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
d		444		X
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI, and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if	40.	İ	\ _V
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	14a		X
_	fundraising, business, investment, and program service activities outside the United States, or aggregate	!		\ \ <u>\</u>
	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	!	Í	17
	to or 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			
4	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> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes " complete Schedule H	20a	1	X

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
00	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,"	22		X
240	complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			ļ
	24b through 24d and complete Schedule K. If "No," go to line 25a	. 24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		- 25
b b	Did the organization mivest 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	240		
·	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		
25a		. 240		
254	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			1
	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	. 200		
	or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		<u> </u>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member.	oer		
	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,			85
	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	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)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	. 28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	1 1		
	III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			37
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		₩
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		 ^

19? Note. All Form 990 filers are required to complete Schedule O

	m 990 (2013) Fraternal Order of the Eagles 23-71	.435	25	Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	Vaa	No.
1.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 1		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	-1	٠٠٠ ــــــــــــــــــــــــــــــــــ	
С	gaming (gambling) winnings to prize winners?	. 1c	Х	
2-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		 ;
4 a	Statements, filed for the calendar year ending with or within the year covered by this return	1 3		, * '
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	, -
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	-		
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		l x
_		70		
D	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		,	:
- -	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
oa	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
L	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D	· · ·	6b		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			-
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			,
а		7a	. X	
	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	D. Life and the self-analysis of the self-annual department of the self-annual property for which it was	10		 -
С		7c		Х
	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	10	~ ~~	1 -2 -2
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	2	X
f	The second secon	7f		X
	to the second se	7g		Х
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
"	Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	,	7. TŞ	,
٠	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		X
9	Sponsoring organizations maintaining donor advised funds.			,
а	D. Litter and the second of th	9a		X
b	m to	9b		X
- 10	Section 501(c)(7) organizations. Enter	,	,	
a	A 4 4 5 Constant and the control of the control of the Constant of the Constan			
b	40h		Ĭ., ,	
- 11	Section 501(c)(12) organizations. Enter			,
	A40	.,	*** ·	
	Gross income from other sources (Do not net amounts due or paid to other sources	٦.	<u>'</u> .	,
~	against amounts due or received from them)			ļ
12:	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	1 '
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		5	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
-	Note. See the instructions for additional information the organization must report on Schedule O	F	, and J	-
	Enter the amount of reserves the organization is required to maintain by the states in which	· ·	_x	1

13b

13c

14a

the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?....
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand

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 this Part VI

	Check if Schedule O contains a response or note to any line in this Part VI				
Sect	tion A. Governing Body and Management				
000	Hon 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	a 201			-
	If there are material differences in voting rights among members of the governing body, or if the governing	-	1		, ,
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O		;	4'	3
ь		ь			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			air a	
~	any other officer, director, trustee, or key employee?		2	Q. # %	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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	. d?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6	Χ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one	or more			
, a	members of the governing body?		7a	Χ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholder	s. or persons		•	
	other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		1 8		,
Ü	the year by the following		,	\$	٠
	The governing body?		8a	X	
a	Each committee with authority to act on behalf of the governing body?		. 8b	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
500	tion B. Policies (This Section B requests information about policies not required by the In	ternal Reve	nue C	ode	
<u> </u>	tion B. I Oncies (This deciron B requests information about ponder net required by the in	101110111010		Yes	No
100	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	•	1.00		1
J	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	* ***	ľ
415	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil	ing the form?	. 11a	X	
	The state of the s				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?		12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	• •			
·	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		Х
	Did the organization have a written document retention and destruction policy?	• •	14	L	X
14 15	Did the process for determining compensation of the following persons include a review and approval by	•	7 . 8	- 45 ·	1 .
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?			1
-	The organization's CEO, Executive Director, or top management official		15a		X
	Other officers or key employees of the organization		15b	ļ	X
Ü	If ``Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	•	177	82. ×	ļ -
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			i	
ıva	with a taxable entity during the year?		16a		X
_	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		100		 -
D	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		ŀ	\$ >	
			16b	*****	-
Cool		 -	100	1	<u> </u>
	Let the states with which a copy of this Form 900 is required to be filed.				-
17	List the states with which a copy of this Form 990 is required to be filed	501/0\/3\0 00			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	30 1(C)(3)8 ON	<i>y)</i>		
	available for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website Upon request Other (explain in Schedule O)	storoet			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of in	ileiesi			
	policy, and financial statements available to the public during the tax year	of the			
20	State the name, physical address, and telephone number of the person who possesses the books and records organization >Julie Smith PO Box 324 VALDEZ AK 99686-		1-11	43	
	Dingingation bourter Different to DOV OFT ANTIDDED WITH DOOD	J J . U J			

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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

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 organizations compensated any current officer, director, or trustee

		(C)								
		(C)			ı					
		Position (do not about more than and							:	
			(do not check more than one				45.	<u>,_,</u>	, - \	
(A)	(B)					both ar		(D)	(E)	(F)
Name and Title	Average				Reportable	Reportable	Estimated			
	hours per	Former Former Highest employ. Key em Officer Institutiv		compensation	compensation from related	amount of other				
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)Darrell Farmer	_									
Jr Past Pres	2			X				0	0	0
(2)Richard McAlis]							_	_	
Worthy Pres	2	Х		X				0	0	0
(3)Daniel Alley									_	_
Vice Pres	2	Х		X				0	0	0
(4)Randall Hollau	2							0	0	0
Chaplain				X	_					
(5)Michael Derifi Secretary	10	Х		X		l		0	О	2299.
(6)Dean Willi					 		_			
Treasurer	2	Х		X				0	0	0
(7)Glenn Mills Jr										
Trustee	2	X			1.			0	0	0
(8)Jason Green										_
Trustee	2	X		<u> </u>	<u> </u>			0	0	0
(9)Aaron Lee		1		Ì					_	_
Trustee	2	X						0	0	0
(10)Charles Vorhei		ļ	1			1			_	_
Conductor	2	<u></u>		X				0	0	0
(11)	-									
(12)										
(13)				T						,
(14)										

Part VII Section A. Officers, Direct	ors, Trus	stees,	Key	Em	plo	yees,	and	d Highest Compe	nsated Employe	es (cor	tinued	<u>) </u>
				(C)								
		(do r		Positi		nan one		Ì				
(A)	(B)					both ar		(D)	(E)		(F)	
Name and title	Average	office	er and	a dire	ctor/	trustee)	Reportable	Reportable	Es	stimated	
	hours per	욾	l ng	Q#	줎	육	Ε	compensation	compensation	ar	nount of	
	week	Individual trustee or director	nstitutional trus	Officer	Key employee	Highest compensated employee	Former	from	from related		other	
	(list any hours for	학교]		탕	8 8	`	the	organizations	com	pensatio	n
	related	rust	쿨		yee	퓛		organization	(W-2/1099-MISC)	fi	rom the	
	organiza- tions	ee	l ste			sans		(W-2/1099-MISC)		org	anızatıoı	n
	below dotted		"			ited				an	d related	i
	line)									orga	anızatıon	s
(15)												
										<u> </u>		
(16)												
	1											
(17)												
	1			•								
(18)												
	1		}									
(19)												
	1											
(20)		 -										
	1											
(21)			 	t^{-}								
(*1)	1											
(22)			<u> </u>	 						 		
(22)			1									
(22)	 	1	1	+	├		\vdash			 		
(23)	-	1							1			
(24)	-	1			-	 						
(24)	_											
(05)	 	+		-		 	 					
(25)	-											
]	<u> </u>	J				Ļ	0	0	 	22	99.
1b Sub-total .						•	. ▶	0	0	 	0	
c Total from continuation sheets to Part	VII, Section	n A		•		•	•	0	0		•	99.
d Total (add lines 1b and 1c)				 -			<u> </u>					99.
2 Total number of individuals (including but	not limited	to tho	se list	ed a	bove	e) who	rec	eived more than \$10	0,000 of reportable	compen	sation	
from the organization >											1.4	
										ſc .	Yes	No
3 Did the organization list any former office				-		oyee,	or h	ighest compensated				١,,
employee on line 1a? If "Yes," complete s										3		X
4 For any individual listed on line 1a, is the										ľ,	;	/
the organization and related organizations	s greater th	nan \$1	50,00)? If	"Ye	s," coi	mple	ete Schedule J for su	ch	, 		لسب
ındıvıdual										. 4		X
5 Did any person listed on line 1a receive o	r accrue co	ompen	sation	fron	n an	y unre	late	d organization or ind	ıvıdual for		ž)	, ,
services rendered to the organization? If	"Yes," con	nplete	Sched	lule .	J for	such	pers	son	·	5		X
Section B. Independent Contractors												
1 Complete this table for your five highest of	compensate	ed inde	epend	ent c	contr	ractors	tha	it received more than	\$100,000 of			
compensation from the organization Rep	ort compe	nsatıor	n for th	ne ca	lend	dar yea	ar er	nding with or within the	ne organization's tax	x year		
(A) (B) (C)												
Name and business address Description of services Compensation												
							\top					
						•			1		-	
							1	· · · · · · · · · · · · · · · · · · ·	1			
2 Total number of independent contractors	(including	but no	t limite	ed to	tho	se liste	ed a	bove) who received i	more than	-		
\$100,000 in compensation from the organ		,						,				

Page 9

		Check if Sched	lule O contains a	response or not	te to any line in this	s Part VIII .		🗆
,	<i>*</i>	¥			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
fts, Grants Amounts	b c	Federated campaig Membership dues Fundraising events	1b	15117. 7925. 9974.	~~	, **	2. Mar.	*
Contributions, Gifts, Grants and Other Similar Amounts	e f	Related organization Government grants (contributions) All other contributions, ging grants, and similar amount included above	fts,	29105.	- 4.			, ^ ^
g zt	g	Noncash contributions included in lines 1a-1f	\$,	
_	h 2a	Total. Add lines 1	a-1f .	Business Code	62121.			
Ş	- b			_			,	
Program Service Revenue	c_							
e a	d _			_				
5,5	e_							
Δ.	f	All other program					** * * * * * * * * * * * * * * * * * *	
	g	Total. Add lines 2		<u> </u>				
	3	other similar amount income from investment	ints) .	. •				
	5	Royalties .		. •				
		!	(ı) Real	(II) Personal	1. 2. 0. 40 00 0 1 1 1 1]	1	,
	6a	Gross rents	500.	, ,			• 1a	,
	ь	Less rental				1 2 7 7	× *	, ·
	c	expenses · Rental income	500.		1			
	d	or (loss) · Net rental income	· · · · · · · · · · · · · · · · · · ·	. ▶	500.	500.		
	7a	Gross amount from	(i) Securities	(II) Other			1	
	10	sales of assets	(i) Securities	1000.		, \$	f ** ×	* >
	b	other than inventory Less cost or other basis and sales expenses .		1500.	· **	* · · · · · · · · · · · · · · · · · · ·		
	_	Gain or (loss)		-500.	. \$5	, ,,		,
		Net gain or (loss)	L	•	-500.	-500.	and the page of the contract o	
•		Gross income from fund	draising events		,	A000	• • • • • • • • • • • • • • • • • • •	
Other Revenue		of contributions reported See Part IV, line 1	8 a		1 3 3 1 1			\$ \$.8 \$ \langle \frac{2}{3} \langle \frac{2}{3
the	1	Less direct exper	_		ļ	ť		
0		Net income or (los	_	g events▶	7-	W		4.
	9a	Gross income from activities See Pai				*	**	* **
	b	Less direct exper			,"			
	1	Net income or (los	_	tivities >				
	1	Gross sales of inv	_		, , , , , , , , , , , , , , , , , , ,	7.00	, , , , , , , , , , , , , , , , , , , ,	š
	.54	returns and allowa	- 1	249513.			,	
		Less cost of good	⊢	102316.	1	ŀ	,	
	1	Net income or (los	_		147197.	147197.		
	-		us Revenue	Business Code	 	 		
	445		as ive selling	Busiliess Code		t	the same or then a new control of the	100cc 0 0 0 000 v
	11a					 		
	b		,		-	-		+
	C				 		·	+
	d		 11a-11d	▶				-
	43	Total revenue S	ee instructions		209318.	147197.	1	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (A) Total expenses (B)
Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b, 7b. 8b. 9b. and 10b of Part VIII. Grants and other assistance to governments and organizations in the US See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 2336. 2336. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 73299. 73299. persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 5231. 5231. 10 Payroll taxes 11 Fees for services (non-employees) Management Legal 6410. 6410. Accounting C Lobbying d Prof fundraising services See Part IV, line 17 . . Investment management fees Other (If line 11g amount exceeds 10% of line 25, 7360. 7360. col (A) amount, list line 11g expenses on Sch O) 14. 14. Advertising and promotion 12 5421. 5421. Office expenses 13 2323. 2323. Information technology 14 15 Royalties 35415. 35415. Occupancy 16 400. 400. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 928. 928. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 1932. 1932. Depreciation, depletion, and amortization 22 20634. 23 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column TO SERVICE AND ADDRESS OF THE PARTY OF THE P (A) amount, list line 24e expenses on Schedule O) 20674. SEE STMT 1708. b 4669. C 2895. d All other expenses 191649. 175217. 16432. 25 Total functional expenses. Add lines 1 through 24e 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)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 22736. 30531. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 5 Part II of Schedule L 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 4ssets Part II of Schedule L 2565. 7 Notes and loans receivable, net . 8 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 15561 basis Complete Part VI of Schedule D 10a 6307. 9049. 6512. Less accumulated depreciation 10b 10c b 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 . . Other assets See Part IV, line 11 15 15 31608. 43330. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 11552. 5605. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 -iabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 11552 5605. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 20056. 37725. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds . . . 32 32 20056. 37725. 33 33 Total net assets or fund balances 31608. 43330. 34 Total liabilities and net assets/fund balances

Form **990** (2013)

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

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.

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Open to Public Inspection ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization 23-7143525 Fraternal Order of the Eagles 1971

Pa	t I Organizations Maintaining Donor Ad	vised Funds or Other S	Similar Fu	nds or Accounts.
	Complete if the organization answered	"Yes" to Form 990, Part	IV, line 6	
		(a) Donor advised fu	nds	(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	s in writing that the assets held	in donor adv	rised funds
	are the organization's property, subject to the organization	on's exclusive legal control?.		· · · · Yes 🛚 No
6	Did the organization inform all grantees, donors, and dor	nor advisors in writing that gran	t funds can b	e used only
	for charitable purposes and not for the benefit of the don- impermissible private benefit?	or or donor advisor, or for any o	otner purpose	·· ···· Yes X No
Pa	rt II Conservation Easements. Complete	if the organization answ	ered "Yes"	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organ			
	Preservation of land for public use (e.g., recreation o		Preservation	on of an historically important land area
	Protection of natural habitat		Preservation	on of certified historic structure
	Preservation of open space	_	_	
2	Complete lines 2a through 2d if the organization held a q	jualified conservation contributi	on in the forn	n of a conservation easement on the
	last day of the tax year	•		
	•			Held at the End of the Tax Yi
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic	c structure included in (a)		2c
	Number of conservation easements included in (c) acqui		historic	
	structure listed in the National Register			2d
3	Number of conservation easements modified, transferred	d, released, extinguished, or te	rminated by t	he organization during
	the tax year			
4	Number of states where property subject to conservation	easement is located >		
5	Does the organization have a written policy regarding the		n, handling o	f violations,
	and enforcement of the conservation easements it holds			Yes 🗓 No
6	Staff and volunteer hours devoted to monitoring, inspect	ing, and enforcing conservation	n easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, a			
8	Does each conservation easement reported on line 2(d)			
	and section 170(h)(4)(B)(ii)? .			Yes No
9	In Part XIII, describe how the organization reports conse	rvation easements in its reveni	ue and expen	ise statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organ			
	conservation easements			
Pa	rt III Organizations Maintaining Collectio	ns of Art, Historical Tre	easures, o	r Other Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part	IV, line 8.	
1 8	If the organization elected, as permitted under SFAS 110	6 (ASC 958), not to report in its	s revenue stat	tement and balance sheet works of art,
	historical treasures, or other similar assets held for publi	c exhibition, education, or rese	arch in furthe	rance of public service, provide,
	in Part XIII, the text of the footnote to its financial statem	ents that describes these item	s	
ı	of the organization elected, as permitted under SFAS 11	6 (ASC 958), to report in its rev	enue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for publi	c exhibition, education, or rese	arch in furthe	erance of public service, provide the
	following amounts 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 art, historical		sets for finan	cial gain, provide the following amounts
	required to be reported under SFAS 116 (ASC 958) rela			-
;	a Revenues included in Form 990, Part VIII, line 1 .	•		▶ \$
	Assets included in Form 990, Part X			▶ \$

Par	(continu	itions Maintaining (Collections of Art,	HISTORICAL Treasur	es, or Other Simila	IF ASS	ets		
3		n's acquisition, accession,	and other records, chec	k any of the following th	at are a significant use of	of its co	llection	ı ıtem:	s
	(check all that apply)	To doquiolitori, doccoolori,			_, _, _,				
a [Public exhibition			d Loan or exchang	ne programs				
b	Scholarly research	h		e Other	, , ,				
c	Preservation for fu								_
		of the organization's colle	ctions and explain how t	hey further the organiza	tion's exempt purpose in	Part X	(III		
		ne organization solicit or re							
	•	han to be maintained as p				. [Yes	\Box	No
		and Custodial Arran				to Fo	rm 99	0,	
		line 9, or reported ar							
1a		agent, trustee, custodian							
	on Form 990, Part X?				· · · · · · · · · · · · · · · · · · ·	. [Yes		No
b	If "Yes," explain the a	rrangement in Part XIII ar	nd complete the following	table					
							Amou	int	
С	Beginning balance				1c				
d	Additions during the y	ear			1d				
е	Distributions during th	ne year			1e				
f	Ending balance				1f				
2a	Did the organization ii	nclude an amount on Forr	m 990, Part X, line 21?				Yes	X	No
b	If "Yes," explain the a	rrangement in Part XIII C	heck here if the explana	tion has been provided i	n part XIII				
Pa	rt V Endowm	ent Funds. Compl	ete if the organization	on answered "Yes"	to Form 990, Part I\	/, line	10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e)	Four y	ears b	ack
1a	Beginning of year								
	balance .	·				<u> </u>			
b	Contributions		<u> </u>		1	<u> </u>			
С	Net investment earnings, gains,								
	and losses .					<u> </u>			
d	Grants or scholarships					ļ			
е	Other expenditures				1	}			
	for facilities and								
	programs .					<u> </u>			
f	Administrative								
	expenses .					1			
g	End of year balance								
2	Provide the estimated	d percentage of the currer		1g, column (a)) held as					
а	Board designated or o		0.00 %						
	Permanent endowme		%						
С	Temporarily restricted		00%				ſ		
		nes 2a, 2b, and 2c should	•						
3a	Are there endowment	t funds not in the possess	ion of the organization th	nat are held and adminis	stered for the organizatio	n by		Yes	No
	(i) unrelated organiz						3a(i)		<u> </u>
	(ii) related organizati		•				3a(ii)		<u> </u>
b	٠,٠	the related organizations l	•			••	3b		
4		the intended uses of the o		t funds					
Pa		uildings, and Equip			44 0 5 0				40
		e if the organization a		T		- T			
	Description	of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Boo	k valu	ıe
		. -	basis (investment)	basis (other)	Depreciation	 			
	Land					1			
	Buildings					 			
	Leasehold improvement	ents	15 5 61			+			_
	Equipment		15,561.		6,512.	+	9	<u>,04</u>	۶.
	Other .		15 200 5 111			_		04	<u>a</u>
	I. Add lines 1a through	1e (Column (d) must eq	uai Form 990, Part X, co	olumn (B), line 10(c))				, 04	
BCA					Sche	uuie L	(Form	(טעע ו	∠U1.

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 Internal Revenue Service

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

Open to Public Inspection

Name of the organization Fraternal Order of t	ho Faglo	a 1071			identification number 143525
Eundraining Activities C			ered ``Yes" to Form 990		143323
Part I Form 990-EZ filers are not	•	-	ered Tes to Form 550	, raitiv, inic ii	
1 Indicate whether the organization r			llowing activities Check	all that apply	
a Mail solicitations		e Solicita	ation of non-government	t grants	
b Internet and email solicitations		—	ation of government gra	nts	
c Phone solicitations		g 📗 Specia	Il fundraising events		
d In-person solicitations					
2a Did the organization have a written Form 990, Part VII) or entity in con	nection with pro	fessional fundrais	sing services?		. 🗌 Yes 🛛 No
b If "Yes," list the ten highest paid in		ies (fundraisers)	pursuant to agreements	under which the fundrais	ser is to be compensated
at least \$5,000 by the organization		(iii) Did fund	(iv) Cross resourts	(v) Amount paid to (or	(vi) Amount poud to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund- raiser have custody or control of contributions?	(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
1		Yes No			
2					
3					
4					
5					
6					
7					
8					
9					
10					
		<u> </u>			
Total				avament from constration as	lana.
3 List all states in which the organization is reg	pistered of licensed	TO SOIICH CONTRIBUTE	ons of has been notified it is	exempt from (egistration of i	ncerising
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information

OMB No 1545-0047 2013 Open to Public Inspection

Department of the Treasury Internal Revenue Service

tach to Form 990 or 990-EZ.

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

Name of the organization	Employer identification number
Fraternal Order of the Eagles 1971	23-7143525
Form 990- Part VI, Line 6- Members or Stockholders	
explanation	
The organization has members.	
Form 990- Part VI, Line 7a- Election of governing body	
The organization has members who elect the governing body	1
Form 990- Part VI, Line 11b- Organization's process to	
review form 990	
The return is reviewed by the executive director and	
secretary prior to filing the return.	
Form 990- Part VI, Line 19- Governing documents disclosur	re
explanation	

Governing	documents	are	avaliable	to	the	public	upon	request
For Paperwork Re	eduction Act Notice	, see the	e Instructions for F	orm 9	90 or 99	00-EZ.		Schedule O (Form 990 or 990-EZ) (2013
BCA								