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2013

Open to Public Inspection

Form 990

Return of Organization Exempt From Income Tax

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

- 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.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 6/1/2013, and ending 5/31/2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization **FRATERNAL ORDER OF THE EAGLES Aerie #2711**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 210 W THIRD STREET
 City or town State ZIP code
 GILLETTE WY 82716
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 23-7593226
E Telephone number (307) 682-3143
G Gross receipts \$ 586,633

F Name and address of principal officer
 JERRY WALTERS 210 W 3RD ST, GILLETTE, WY 82716

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
 If "No," attach a list (see instructions)

I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (8) (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: N/A

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other AFFILIATE **L** Year of formation 1978 **M** State of legal domicile WY

Part I Summary

1 Briefly describe the organization's mission or most significant activities **A MEMBERSHIP ORGANIZATION THAT USES ITS EARNINGS TO PROMOTE CHARITIES WITHIN THE COMMUNITY**

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) **3**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4**

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) **11**

6 Total number of volunteers (estimate if necessary) **25**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **0**

7b Net unrelated business taxable income from Form 990-T, line 34 **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	14,890	16,051
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	218,410	157,841
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	233,313	173,892
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	26,104	17,161
14 Benefits paid to or for members (Part IX, column (A), line 4)	15,228	4,189
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	108,044	89,987
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 26)	0	0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	117,913	81,523
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	267,289	192,860
19 Revenue less expenses Subtract line 18 from line 12	-33,976	-18,968

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	290,792	271,826
21 Total liabilities (Part X, line 26)	1,447	1,451
22 Net assets or fund balances Subtract line 21 from line 20	289,345	270,375

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here **DAVID VETTER** **SECRETARY**
 Signature of officer **DAVID VETTER** Date **12-29-2014**
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name **Susan McKay** Preparer's signature **Susan McKay** Date **12/23/2014** Check ☒ if self-employed PTIN **P00154856**
 Firm's name **Susan McKay CPA, LLC** Firm's EIN **82-0533136**
 Firm's address **509 S Kendrick Ste 100, Gillette, WY 82716** Phone no **(307) 682-5862**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III. ☐

- 1** Briefly describe the organization's mission
A MEMBERSHIP ORGANIZATION THAT USES ITS EARNINGS TO PROMOTE CHARITIES WITHIN THE COMMUNITY
-
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
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 ☒ 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.
- 4a** (Code:) (Expenses \$ 156,605 including grants of \$) (Revenue \$ 157,841)
MEMBERSHIP ORGANIZATION THAT PROVIDES A PLACE FOR MEMBERS TO CONGREGATE AND SOCIALIZE
-
- 4b** (Code:) (Expenses \$ 22,688 including grants of \$) (Revenue \$ 16,051)
CHARITABLE CONTRIBUTIONS TO OTHER CHARITIES, SCHOLARSHIPS, SPONSORSHIPS, NATIONAL DUES AND CONVENTION COSTS, MEMBERSHIP DINNERS
-
- 4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
-
- 4d** Other program services (Describe in Schedule O)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
- 4e** Total program service expenses ► 179,293

Part IV 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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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 98-19? If "Yes," complete Schedule C, Part III		X
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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 services? If "Yes," complete Schedule D, Part IV		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		X
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		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		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)	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		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	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If so, complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	1a 5		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 11		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h 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 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.			
a 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:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
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.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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. ☐

Section 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. 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.	8	
1b Enter the number of voting members included in line 1a, above, who are independent.	8	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a 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	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed. ▶

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

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

SUSAN MCKAY CPA, LLC (307) 682-5862
509 S KENDRICK AVE, GILLETTE, WY 82716

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID VETTER TRUSTEE	0 50 0 00	X						0	0	0
(2) LYNN BITTERMAN TRUSTEE	0 50 0 00	X						0	0	0
(3) LES HENNINGS TRUSTEE	1 00 0 00	X						0	0	0
(4) DAVID PATTON TRUSTEE	0 50 0 00	X						0	0	0
(5) JERRY WALTERS TRUSTEE	0 50 0 00	X						0	0	0
(6) JAMES J SAUTNER PAST WORTHY PRESIDENT	1 00 0 00			X				0	0	0
(7) RICHARD GAFFIELD PRESIDENT	1 00 0 00			X				0	0	0
(8) CHAD L YERKEY VICE PRESIDENT	1 00 0 00			X				0	0	0
(9) ROGER FEVOLD SECRETARY	1 00 0 00			X				0	0	0
(10) DAVID GALYEN INSIDE GUARD	1 00 0 00			X				0	0	0
(11) DAVID PETA CHAPLAIN	1 00 0 00			X				0	0	0
(12) TRAVIS SCHONBERG CONDUCTOR	1 00 0 00			X				0	0	0
(13)										
(14)										

Part VII**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							0	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of Revenue

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



				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0			
	b	Membership dues	1b	12,145			
	c	Fundraising events	1c	885			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,021			
	g	Noncash contributions included in lines 1a-1f:	\$	0			
	h	Total. Add lines 1a-1f		16,051			
Program Service Revenue	2a		Business Code	0			
	b			0			
	c			0			
	d			0			
	e			0			
	f	All other program service revenue		0			
	g	Total. Add lines 2a-2f		0			
	3	Investment income (including dividends, interest, and other similar amounts)		0			
4	Income from investment of tax-exempt bond proceeds		0				
5	Royalties		0				
Other Revenue	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)			0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	0	0			
	c	Gain or (loss)	0	0			
	d	Net gain or (loss)			0		
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events			0		
	9a	Gross income from gaming activities See Part IV, line 19	a	360,582			
	b	Less: direct expenses	b	294,566			
	c	Net income or (loss) from gaming activities			66,016		
	10a	Gross sales of inventory, less returns and allowances	a	204,563			
b	Less: cost of goods sold	b	118,175				
c	Net income or (loss) from sales of inventory			86,388			
Miscellaneous Revenue		Business Code					
11a	NOVELTY GAMES & MACHINES (net)		5,437				
b			0				
c			0				
d	All other revenue		0				
e	Total. Add lines 11a-11d		5,437				
12	Total revenue. See instructions		173,892	0	0	0	

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	9,761	9,761		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	7,400	7,400		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	4,189	4,189		
5	Compensation of current officers, directors, trustees, and key employees	0	0		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0		
7	Other salaries and wages	81,211	81,211		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0		
9	Other employee benefits	0	0		
10	Payroll taxes	8,776	8,776		
11	Fees for services (non-employees)				
a	Management	0	0		
b	Legal	0	0		
c	Accounting	5,125	0	5,125	
d	Lobbying	0	0		
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0	0		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0		
12	Advertising and promotion	85	0	85	
13	Office expenses	3,354	0	3,354	
14	Information technology	135	0	135	
15	Royalties	0	0		
16	Occupancy	41,333	41,333		
17	Travel	258	258		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0		
19	Conferences, conventions, and meetings	316	316		
20	Interest	0	0		
21	Payments to affiliates	0	0		
22	Depreciation, depletion, and amortization	18,072	18,072	0	0
23	Insurance	4,148	0	4,148	
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.)				
a	CASH OVER & SHORT, BAD DEBT	3,767	3,767		
b	FRANCHISE FEE AND PERMITS	720	0	720	
c	SUPPLIES	1,053	1,053		
d	ENTERTAINMENT & MEALS - members	3,157	3,157		
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	192,860	179,293	13,567	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	56,089	1	79,972
	2 Savings and temporary cash investments	0	2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	1,345	4	0
	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	0	7	0
	8 Inventories for sale or use	13,187	8	10,429
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 572,630		
	b Less accumulated depreciation	10b 391,205	199,496	10c 181,425
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	20,675	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	290,792	16	271,826	
Liabilities	17 Accounts payable and accrued expenses	1,447	17	1,451
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	1,447	26	1,451
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	289,345	32	270,375
	33 Total net assets or fund balances	289,345	33	270,375
34 Total liabilities and net assets/fund balances	290,792	34	271,826	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	173,892
2	Total expenses (must equal Part IX, column (A), line 25)	2	192,860
3	Revenue less expenses Subtract line 2 from line 1.	3	-18,968
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	289,345
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	270,377

Part XII Financial Statements and ReportingCheck 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 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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? 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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **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.**

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

Name of the organization

FRATERNAL ORDER OF THE EAGLES AERIE #2711

Employer identification number

23-7593226

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
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 funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 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)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the 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 periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part 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 furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2013

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	0
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	0

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0				
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment %

b Permanent endowment %

c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	75,000		75,000
b Buildings	0	312,168	231,730	80,438
c Leasehold improvements	0	0	0	0
d Equipment	0	135,633	120,336	15,297
e Other	0	49,829	39,139	10,690
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				181,425

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	0	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	0	

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	0

Part X Other Liabilities.

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) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	0

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. ☐

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" to Form 990, Part 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			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	0

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	0

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

Part XIII

Supplemental Information *(continued)*

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

FRATERNAL ORDER OF THE EAGLES AERIE #2711

Employer identification number

23-7593226

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser 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
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total ▶				0	0	0

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

WY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts		0	0
	2	Less Contributions		0	0
	3	Gross income (line 1 minus line 2)		0	0
Direct Expenses	4	Cash prizes		0	0
	5	Noncash prizes		0	0
	6	Rent/facility costs		0	0
	7	Food and beverages		0	0
	8	Entertainment		0	0
	9	Other direct expenses		0	0
	10	Direct expense summary Add lines 4 through 9 in column (d)			0
	11	Net income summary Subtract line 10 from line 3, column (d)			0

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1	Gross revenue	321,716	38,866	360,582
2	Cash prizes	241,638		241,638
3	Noncash prizes		38,851	38,851
4	Rent/facility costs			0
5	Other direct expenses	14,077		14,077
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			294,566
8	Net gaming income summary Subtract line 7 from line 1, column (d)			66,016

9 Enter the state(s) in which the organization operates gaming activities WY

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☒ No

b If "No," explain: No licensing is required

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain:

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ 0 and the amount of gaming revenue retained by the third party ▶ \$ _____ 0
- c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____ 0

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- 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 ▶ \$ _____ 0

Part 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 complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

FRATERNAL ORDER OF THE EAGLES AERIE #2711

23-7593226

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							0
3 Enter total number of other organizations listed in the line 1 table							0

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

HTA

Schedule I (Form 990) (2013)

Part III**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

FRATERNAL ORDER OF THE EAGLES AERIE #2711

Employer identification number

23-7593226

Form 990, Part VIII, Section Other Revenue, Line 9a Gross income from gaming consists of

\$38,866 in raffle tickets sold for a collections of guns, and \$321,582 from pull-tabs

Form 990, Part VIII, Section Other Revenue, Line 9b Direct expenses from gaming consists of

\$38,851 in cost of guns raffled, and \$241,638 in cash paid out for pull-tabs, as well as

\$14,077 of direct expenses for pull-tabs

Form 990, Part IX, Section Grants, Line 1 & 2 No organization or individual received \$5,000

Name of the organization

Employer identification number

FRATERNAL ORDER OF THE EAGLES AERIE #2711

23-7593226

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

		Cash	Noncash
1	Federated Campaigns	1	
2	Membership dues	2	12,145
3	Fundraising events	3	885
4	Related organizations	4	
5	Government grants (contributions)	5	
6	All other contributions, gifts, grants, and similar amounts not included above.		
	OTHER DONATIONS		3,021
	Other contributions total	6	3,021
7	Total	7	16,051
			0

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

		Total:	204,563	118,175	86,388
			Gross Sales	Cost of Goods Sold	Net
1	BAR SALES		204,563	118,175	86,388

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

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Depreciation	1	18,072	18,072	
2	Depletion	2	0		
3	Amortization	3	0		
4	Total	4	18,072	18,072	0
					0

Part X, Line 4 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	RETURNED CHECKS	1	1,345	0	
2		2			
3		3			
4		4			
5		5			
6		6			
7		7			
8		8			
9		9			
10		10			
11	Total accounts receivable	11	1,345	0	0

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

Total:														
Category or Item		Land	Buildings	Leasehold Improvements	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1	COMPUTERS AND OFFICE EQUIPMENT				X				14,584	14,584	14,584		0	0
2	EQUIPMENT & FIXTURES				X				121,049	98,865	105,752		22,184	15,297
3	LAND	X							75,000				75,000	75,000
4	LAND IMPROVEMENTS					X			10,968	4,335	5,016		6,633	5,952
5	BUILDING IMPROVEMENTS					X			38,861	31,794	34,123		7,067	4,738
6	BUILDING		X						312,168	223,556	231,730		88,612	80,438

Part X, Line 15 (990) - Other Assets

		Total:	20,675	0
		Description	Beginning	End
1	ITEMS PURCHASED FOR RAFFLE		20,675	0

Assets by Classification - 990

5/31/2014

FRATERNAL ORDER OF THE EAGLES AERIE #2711 23-7593226

Item No	Description of Property ***** indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum Deprec., 179 Bonus	2013 Deprec	2013 Accum Deprec	
5-yr Computers and peripherals (not listed property)																	
	OFFICE COMPUTER	10/11/2006	F-5	100 00%	437	0	0	0	0	0	437	5	200DB	HY	437	0	437
	COMPUTER	7/16/2007	F-5	100 00%	795	0	0	0	0	0	795	5	200DB	HY	795	0	795
	COMPUTER	5/12/2008	F-5	100 00%	961	0	0	0	0	0	961	5	200DB	HY	961	0	961
Total 5-yr Computers (not listed)					2,193	0	0	0	0	0	2,193			2,193	0	2,193	
5-yr Office machinery (data-handling equipment, except computers)																	
	EQUIPMENT	8/1/1993	F-6	100 00%	10,000	0	0	0	0	0	10,000	5	200DB	HY	10,000	0	10,000
	TIME CLOCK	4/3/1998	F-6	100 00%	216	0	0	0	0	0	216	5	200DB	HY	216	0	216
	PAPER SHREDDER	4/29/1998	F-6	100 00%	110	0	0	0	0	0	110	5	200DB	HY	110	0	110
	COPIER	2/21/2000	F-6	100 00%	1,400	0	0	0	0	0	1,400	5	200DB	HY	1,400	0	1,400
	PHOTO COPIER	10/27/2004	F-6	100 00%	665	0	0	0	0	0	665	5	200DB	HY	665	0	665
Total 5-yr Office mach (data handling)					12,391	0	0	0	0	0	12,391			12,391	0	12,391	
7-yr General purpose tools, machinery, and equipment																	
	RICCAR VACUUM	1/1/1997	F-10	100 00%	410	0	0	0	0	0	410	7	200DB	HY	410	0	410
	ICE MACHINE	3/4/1998	F-10	100 00%	1,807	0	0	0	0	0	1,807	7	200DB	HY	1,807	0	1,807
	TABLES	7/9/1998	F-10	100 00%	1,700	0	0	0	0	0	1,700	7	200DB	HY	1,700	0	1,700
	POPCORN MACHINE	12/15/1998	F-10	100 00%	628	0	0	0	0	0	628	7	200DB	HY	628	0	628
	CHAIRS	1/6/1999	F-10	100 00%	1,700	0	0	0	0	0	1,700	7	200DB	HY	1,700	0	1,700
	EQUIPMENT	11/1/1999	F-10	100 00%	12,387	0	0	0	0	0	12,387	7	200DB	HY	12,387	0	12,387
	NEW BLINDS	6/13/2000	F-10	100 00%	833	0	0	0	0	0	833	7	200DB	HY	833	0	833
	MOTION DETECTOR	7/26/2000	F-10	100 00%	130	0	0	0	0	0	130	7	200DB	HY	130	0	130
	TIME CLOCK	8/11/2000	F-10	100 00%	399	0	0	0	0	0	399	7	200DB	HY	399	0	399
	BEER COOLER	8/14/2000	F-10	100 00%	1,555	0	0	0	0	0	1,555	7	200DB	HY	1,555	0	1,555
	2 SALAD BARS	9/3/2000	F-10	100 00%	100	0	0	0	0	0	100	7	200DB	HY	100	0	100
	RICCAR VACUUM	11/17/2000	F-10	100 00%	350	0	0	0	0	0	350	7	200DB	HY	350	0	350
	TV CABINET	2/9/2001	F-10	100 00%	1,200	0	0	0	0	0	1,200	7	200DB	HY	1,200	0	1,200
	FREEZER	11/30/2001	F-10	100 00%	570	0	0	0	0	0	570	7	200DB	HY	570	0	570
	STOVE	12/18/2001	F-10	100 00%	4,660	0	0	0	0	0	4,660	7	200DB	HY	4,660	0	4,660
	COOLER	4/26/2002	F-10	100 00%	11,206	0	0	0	0	0	11,206	7	200DB	HY	11,206	0	11,206
	SMOKE EATERS	6/16/2002	F-10	100 00%	3,585	0	0	0	0	0	3,585	7	200DB	HY	3,585	0	3,585
	BAR STOOLS	6/22/2002	F-10	100 00%	664	0	0	0	0	0	664	7	200DB	HY	664	0	664
	SAFE	11/12/2002	F-10	100 00%	385	0	0	0	0	0	385	7	200DB	HY	385	0	385
	RICCAR VACUUM	10/27/2003	F-10	100 00%	393	0	0	0	0	0	393	7	200DB	HY	393	0	393
	BIG SCREEN TV	11/15/2003	F-10	100 00%	1,575	0	0	0	0	0	1,575	7	200DB	HY	1,575	0	1,575
	DEEP FRYER	3/12/2004	F-10	100 00%	541	0	0	0	0	0	541	7	200DB	HY	541	0	541
	MICROPHONE	3/29/2004	F-10	100 00%	105	0	0	0	0	0	105	7	200DB	HY	105	0	105
	FREE SPIN MACHINE	8/4/2004	F-10	100 00%	3,200	0	0	0	0	0	3,200	7	200DB	HY	3,200	0	3,200
	CHAIRS	8/25/2004	F-10	100 00%	380	0	0	0	0	0	380	7	200DB	HY	380	0	380
	2 VIDEO GAME MACHINES	8/31/2004	F-10	100 00%	6,400	0	0	0	0	0	6,400	7	200DB	HY	6,400	0	6,400
	2 WATER HEATERS	9/20/2004	F-10	100 00%	1,028	0	0	0	0	0	1,028	7	200DB	HY	1,028	0	1,028
	NACHO CHEESE MACHINE	6/7/2005	F-10	100 00%	384	0	0	0	0	0	384	7	200DB	HY	383	0	383
	SAFE	11/22/2005	F-10	100 00%	689	0	0	0	0	0	689	7	200DB	HY	689	0	689
	CASH REGISTER	3/24/2006	F-10	100 00%	600	0	0	0	0	0	600	7	200DB	HY	600	0	600
	20 GALLON WATER HEATER	8/7/2007	F-10	100 00%	632	0	0	0	0	0	632	7	200DB	MQ1	604	28	632
	OFFICE DESK	12/10/2007	F-10	100 00%	484	0	0	0	0	0	484	7	200DB	MQ1	429	42	471
	3 AIR CLEANERS	3/16/2008	F-10	100 00%	4,772	0	0	0	0	0	4,772	7	200DB	HY	4,772	0	4,772

Assets by Classification - 990

FRATERNAL ORDER OF THE EAGLES AERIE #2711 23-7593226

5/31/2014

Item No	Description of Property ***** indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum Deprec., 179, Bonus	2013 Deprec	*2013 Accum Deprec
BAR STOOLS		5/19/2008	F-10	100 00%	619	0	0	0	0	0	7	200DB	MQ1	619	0	619
FREEZER		9/10/2008	F-10	100 00%	3,635	0	0	0	0	0	7	200DB	HY	2,824	324	3,148
SHELVES		10/9/2008	F-10	100 00%	209	0	0	0	0	0	7	200DB	HY	162	19	181
REFRIGERATOR		11/28/2008	F-10	100 00%	1,263	0	0	0	0	0	7	200DB	HY	982	113	1,095
VENDING MACHINE		11/28/2008	F-10	100 00%	7,056	0	0	0	0	0	7	200DB	HY	5,481	629	6,110
COIN MACHINE		1/26/2009	F-10	100 00%	450	0	0	0	0	0	7	200DB	HY	350	40	390
VENDING MACHINE		1/26/2009	F-10	100 00%	7,152	0	0	0	0	0	7	200DB	HY	5,556	638	6,194
STEAM TABLE		3/10/2009	F-10	100 00%	3,432	0	0	0	0	0	7	200DB	HY	2,665	306	2,971
32" TV AND SURGE PROTEC		8/12/2009	F-10	100 00%	609	0	0	0	0	0	7	200DB	HY	419	54	473
PLASMA TV'S		10/1/2009	F-10	100 00%	3,513	0	0	0	0	0	7	200DB	HY	2,415	314	2,729
DINNERWARE & REFRIGER		10/21/2009	F-10	100 00%	3,299	0	0	0	0	0	7	200DB	HY	2,268	295	2,563
KITCHEN WIRE SHELF		11/18/2009	F-10	100 00%	489	0	0	0	0	0	7	200DB	HY	337	44	381
SALAD PLATES		11/30/2009	F-10	100 00%	233	0	0	0	0	0	7	200DB	HY	160	21	181
SAFE		2/23/2010	F-10	100 00%	1,075	0	0	0	0	0	7	200DB	HY	739	96	835
BATHROOM REPAIR		10/25/2010	F-10	100 00%	4,367	0	0	0	0	0	7	200DB	HY	2,457	545	3,002
CARD READER BACK DOOR		11/28/2010	F-10	100 00%	880	0	0	0	0	0	7	200DB	HY	496	110	606
SNOW BLOWER		11/28/2010	F-10	100 00%	578	0	0	0	0	0	7	200DB	HY	326	72	398
TV		1/6/2011	F-10	100 00%	420	0	0	0	0	0	7	200DB	HY	236	52	288
CARVING		3/14/2011	F-10	100 00%	1,600	0	0	0	0	0	7	200DB	HY	901	200	1,101
SECURITY SYSTEM		4/14/2011	F-10	100 00%	1,250	0	0	0	0	0	7	200DB	HY	398	156	554
DOOR BELL BUZZER		7/14/2011	F-10	100 00%	2,357	0	0	0	0	0	7	200DB	HY	914	412	1,326
LED SIGN		7/19/2011	F-10	100 00%	1,021	0	0	0	0	0	7	200DB	HY	396	179	575
ICE MACHINE		12/29/2011	F-10	100 00%	3,651	0	0	0	0	0	7	200DB	HY	1,416	639	2,055
CABLE MOUSE MONITOR		4/22/2012	F-10	100 00%	229	0	0	0	0	0	7	200DB	HY	89	40	129
AIR COOLER		7/4/2012	F-10	100 00%	3,195	0	0	0	0	0	7	200DB	HY	457	782	1,239
STOOLS & CHAIRS		8/6/2012	F-10	100 00%	1,675	0	0	0	0	0	7	200DB	HY	239	410	649
PIZZA MAKER		8/30/2012	F-10	100 00%	485	0	0	0	0	0	7	200DB	HY	69	119	188
BAR FLOOR		10/8/2012	F-10	100 00%	855	0	0	0	0	0	7	200DB	HY	122	209	331
Total 7-yr Genl purp tools, mach, equip					121,049	0	0	0	0	0				98,861	6,888	105,749
Land																
LAND		12/1/1983	N-1	100 00%	75,000	0	0	0	0	0	0			0	0	0
Total Land					75,000	0	0	0	0	0				0	0	0
15-yr Land improvements																
STORAGE SHED		10/15/2003	R-2	100 00%	674	0	0	0	0	0	15	150DB	HY	456	40	496
LAND IMPROVEMENTS		5/31/2009	R-2	100 00%	10,294	0	0	0	0	0	15	150DB	HY	3,879	641	4,520
Total 15-yr Land improvements					10,968	0	0	0	0	0				4,335	681	5,016
Qualified leasehold improvement property																
NEW FURNACE		1/6/1999	R-7	100 00%	5,846	0	0	0	0	0	15	SL/GDS	HY	5,717	129	5,846
FLOOR REFINISHING		8/30/2000	R-7	100 00%	2,250	0	0	0	0	0	15	SL/GDS	HY	1,936	150	2,086
CARPETING		10/12/2000	R-7	100 00%	14,140	0	0	0	0	0	15	SL/GDS	HY	11,784	942	12,726
AIR CONDITIONER		5/13/2001	R-7	100 00%	5,621	0	0	0	0	0	15	SL/GDS	HY	4,835	374	5,209
BAR REMODEL		5/8/2002	R-7	100 00%	4,329	0	0	0	0	0	15	SL/GDS	HY	3,466	289	3,755
BUILDING REPAIR		6/12/2002	R-7	100 00%	3,045	0	0	0	0	0	15	SL/GDS	HY	2,132	203	2,335
SPRINKLER SYSTEM		6/29/2004	R-7	100 00%	2,583	0	0	0	0	0	15	SL/GDS	HY	1,610	172	1,782
RAIN GUTTER		1/26/2009	R-7	100 00%	1,047	0	0	0	0	0	15	SL/GDS	HY	314	70	384

Assets by Classification - 990

5/31/2014

FRATERNAL ORDER OF THE EAGLES AERIE #2711 23-7593226

Item No	Description of Property **** indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum Deprec., 179, Bonus	2013 Deprec	2013 Accum Deprec
Total: Qual LH improve prop					38,861	0	0	0	0	38,861				31,794	2,329	34,123
39-yr Nonresidential and commercial real estate																
BUILDING		12/1/1983	R-5	100 00%	250,000	0	0	0	0	250,000	40	SL/ADS	MM	182,500	6,250	188,750
REMODELING		12/1/1983	R-5	100 00%	54,000	0	0	0	0	54,000	31.5	SL/GDS	MM	39,515	1,714	41,229
BUILDING IMPROVEMENTS		3/12/2004	R-5	100 00%	5,422	0	0	0	0	5,422	39	SL/GDS	MM	1,280	139	1,419
BUILDING IMPROVEMENTS		8/18/2009	R-5	100 00%	2,484	0	0	0	0	2,484	39	SL/GDS	MM	242	64	306
NEW ROOF		9/29/2010	R-5	100 00%	262	0	0	0	0	262	39	SL/GDS	MM	19	7	26
Total 39-yr Nonresidential real estate					312,168	0	0	0	0	312,168				223,556	8,174	231,730
SubTotals																
Less: Disposed Assets					572,630	0	0	0	0	572,630				373,130	18,072	391,202
Ending Totals					(0)	(0)	(0)	(0)	(0)	(0)				(0)	(0)	(0)
					572,630	0	0	0	0	572,630				373,130	18,072	391,202

Depreciation and Amortization

OMB No 1545-0172

(Including Information on Listed Property)

2013

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No 179

Name(s) shown on return

FRATERNAL ORDER OF THE EAGLES AERIE

Business or activity to which this form relates

990

Identifying number

23-7593226

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	0
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,964

Part III MACRS Depreciation (Do not include listed property.) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	10,108
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	18,072
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2013)