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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

2013

Open to Public

► Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2013 calendar year, or tax year beginning Jun 12013, and ending , 2014 C Name of organization D Employer Identification Number Check if applicable FRATERNAL ORDER OF EAGLES AERIE 31-0287150 Address change Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change Initial return 1300 FIRST AVENUE (513) 423-1121 City or town, state or province, country, and ZIP or foreign postal code Terminated **G** Gross receipts \$ 445, 252 MIDDLETOWN ОН 45044-4120 Amended return H(a) Is this a group return for subordinates? F Name and address of principal officer Application pending H(b) Are all subordinates included?
If 'No,' attach a list (see instructions) OH 45042 MARK E YOUNG 6995 TRENTON FRANKLIN RD MIDDLETOWN Tax-exempt status 501(c) (1 O) (insert no) 4947(a)(1) or 527 Website: ► H(c) Group exemption number K X Corporation Other P L Year of formation 2012 M State of legal domicile Form of organization Association Part I Summary Briefly describe the organization's mission or most significant activities. SOCIAL CLUB Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 800 Number of independent voting members of the governing body (Part ine 1b) 800 ka) ·SEP. Total number of individuals employed in calendar year 2013 (Part V, Infe 5 Total number of volunteers (estimate if necessary) 6 15 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) 10,454. 28,170. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . 173,631 173,189. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 184,085 201,359 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 139,383 148,585 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 115,478 107,959 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 254,861 256,544 Revenue less expenses. Subtract line 18 from line 12 -70,776. -55,185 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) . . 222,160. 166,975. 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 222,160 166,975 Signature Block Part II 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 MARK E YOUNG Type or print name and title Print/Type preparer's name Preparer's signature Date Check DONALD E. DONALD E. SMITH 09/12/14 self-employed P00139816 SMITH Paid Preparer Smith & Smith, CPA's, Firm's name Use Only 27-0139816 Firm's address 3901 Roosevelt Blvd Middletown OН 45044 Phone no (513)424-1806

Form 990 (2013)

Part III Statement of Program Service Accomplishments		1 3,30 (20						31-0287	150	raye 2
1 Briefly describe the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?	Par		~	•						x
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	`				any line in this Part	111	<u> </u>	<u> </u>	• • • • •	· · · · <u> </u> ^
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If Yes, describe these new services on Schedule 0 If Yes, describe these new services on Schedule 0 If Yes, describe these new services on Schedule 0 If Yes, describe these new services on Schedule 0 If Yes, describe these changes on Schedule 0 If Yes, describe these organization cease conducting, or make significant changes in how it conducts, any program services? Yes If Yes, describe these changes on Schedule 0 If Yes, describe the services, and section 4947(a)(1) nusts are required to report the amount of grants and allocations to others, the bit is expense, and creating, far each of its three largest program services, as measured by expenses services of the services and allocations to others, the bit is expense, and creating the services are required to report the amount of grants and allocations to others, the bit is expense, and creating the services are required to report the amount of grants and allocations to others, the bit is expense, and creating the services are required to report the amount of grants and allocations to others, the bit is expense, and allocations to others, the bit is expense, and allocations to others, the services are required to report the amount of grants and allocations to others, the services are required to report the amount of grants and allocations to others, the services are required to report the amount of grants and allocations to others, the services are required to report the amount of grants and allocations to others, the services are required to report the amount of grants and allocations to others, the services are required to report the amount of grants and allocations to others, the services are required to report the amount of grants an	1		-							
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If Yes, 'describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	_							_	Yes	X No
3 Dd the organization cease conducting, or make significant changes in how it conducts, any program services?								L	J	
If Yes, describe these changes on Schedule O A Describe the organizations program services accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) instal are required to report the amount of grants and allocations to others, the folal expenses, and revenue, if any, for each program service reported 4a (Code:) (Expenses \$	3				changes in how it coi	nducts, any g	orogram services?	[Yes	X No
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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	1		X
2	ls the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, 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.	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	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	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ļ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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		<u> </u>
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		Х
	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		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
ı	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV | Checklist of Required Schedules (continued)

<u></u>	Oncomist of Acquired Schedules (commuted)	1	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	ŀ	X
		-	├	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	ļ	х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		x
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a	24a		Х
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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?	24c		
	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
(b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete		_	
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		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? If 'Yes,' complete Schedule L, Part III	27		х
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)	17 Lg		,
ē	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
k	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			v
29	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV'	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If 'Yes,' complete Schedule M	30		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Inne 1	34		Х
35 a	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 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 and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

BAA

Form 990 (2013)

Form 990 (2013) FRATERNAL ORDER OF EAGLES AERIE #528 31-0287150 Part V Statements Regarding Other IRS Filings and Tax Compliance Х Yes No 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . 1 c 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?.... X 3 a 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...... 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Х 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a 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? Χ 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b 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 7 a 7 b **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. . 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?... 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h 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 R Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? . . 9 a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a **b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13 a

Note. See the instructions for additional information the organization must report on Schedule O.

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

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

14a Did the organization receive any payments for indoor tanning services during the tax year? . .

X

X

14 b

13 b

For	n 990 (2013) FRATERNAL ORDER OF EAGLES AERIE #528 31-0287150		F	Page 6
Pa	rt VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	v, and In	d for	
	Check if Schedule O contains a response or note to any line in this Part VI			. IX
Se	ction A. Governing Body and Management			
			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year			
	b Enter the number of voting members included in line 1a, above, who are independent 1 b			
	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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the pnor 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	L
7 :	a 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?	7 a	_	X
1	Are any governance decisions of the organization reserved to (or subject to approval by) members,			١
8	stockholders, or other persons other than the governing body?	7 b		Х
	the following The governing body?		-	
	b Each committee with authority to act on behalf of the governing body?	8 a 8 b		X
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8 0		
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40.	Did the executation have local shorters beganing	40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		Х
44.	operations are consistent with the organization's exempt purposes?	10b		<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a		X
		12a	-	<u> </u>
Ľ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		L
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?			
	The organization's CEO, Executive Director, or top management official	15 a		X
t	Other officers of key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)	}		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		:
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Ohio			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply.	or pul	olic	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year	e to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	1 :		

Form 990 (2013) FRATERNAL ORDER									31-0287		
Part VII Compensation of Office	rs, Direc	tors,	Tr	ust	ees	, Ke	y Eı	mployees, Highes	st Compensated	Employees, and	
Check if Schedule O contains a		r noto	to 0	nu li	n o 11	n thia	Dort	VII		Γ	
Section A. Officers, Directors, Tru		_			_					<u>· · · · · · · · · · · · · · · · · · · </u>	
1 a Complete this table for all persons require				<u>-</u> -							
organization's tax year.								•	-	_	
 List all of the organization's current officompensation. Enter -0- in columns (D), (E), a 	and (F) if no	o com	oens	atio	n wa	as paid	t		-	of	
• 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 											
of reportable compensation from the organiza	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 direction organization, more than \$10,000 of reportable 											
List persons in the following order individual temployees, and former such persons.	rustees or	directo	ors,	ınstıt	tutio	nal tru	stee	es, officers, key employ	ees, highest compensa	ated	
Check this box if neither the organization	nor any rel	ated o	rgar			compe	nsat	ted any current officer,	director, or trustee.		
	ĺ	1		(0	C)			1			
(A) Name and Title	(B) Average hours per	one bo	ox, un cer ar	less p	ersor	more the structure of t	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
	week (list any hours for related	Individual trustee or director	캻	Officer	é	en et	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization	
	organiza- tions	lect of	통	ଝ	key employee	Highest co	를			and related organizations	
	below dotted	일	ਛੋ		ş	e ga	ļ				
	line)	Se Se	nstitutional trustee		"	Highest compensated employee	•				
			165			<u> </u>					
(1) ED HOWARD	10.00	v							0.	0	
WORTHY PRES (2) C. K. AMBURCEY	10.00	X	-			 	 -	0.	0.	0.	
SECRETARY	1-0.00	Х				1	l	0.1	0.	0.	
(3) JJEFFREY REIDEL	10.00										
TRES		Х						0.	0.	0.	
_(4)											
(5)							<u> </u>				
(5)	-							ļ			
(6)							\vdash				
_(7)											
(8)		_									
(9)	<u> </u>										
(10)											
(11)											
(12)			\dashv								
]							
(13)											
				-							

Part VII Section A. Officers, Directors, Trus	stees,	Key	En	npl	oye	es,	an	d Highest Con	pensated Emp	loyee	S (con	tinued)
•	(B)			•	C)							
(A) Name and title	Average hours per	box	c, unle	check ess pe	rson	than o	an	(D) Reportable	(E) Reportable		(F)	
	week (list any		_					the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con	unt of ot opensations om the	
	hours for related	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ommer	1	, ,	ar	anization d related janization	d
	organiza - tions	5 5	霊		oloye	ecomp				Org	ariizatioi	115
	below dotted line)	stee	ustee			ensat		1				
		_				8			_			
(15)											_	
(16)										-		
(17)					_	-	-					
(18)	}	<u> </u>					-					_
			_			_						
<u>(19)</u>									Ì			
(20)												-
(21)												<u> </u>
(22)										 .		
(23)												
	-											
(25)												
1 b Sub-total.							-	0.	0.			0.
c Total from continuation sheets to Part VII, Section							▶					
d Total (add lines 1b and 1c)							ıved	0 . d I more than \$100,0	0 . 00 of reportable com	pensa	ion	0.
from the organization												
											Yes	No
3 Did the organization list any former officer, director, o on line 1a? If 'Yes,' complete Schedule J for such indi										. 3		Х
4 For any individual listed on line 1a, is the sum of report	rtable co	mper	nsatı	on a	nd o	other	con	mpensation from				
the organization and related organizations greater tha such individual										4		Х
5 Did any person listed on line 1a receive or accrue con for services rendered to the organization? If 'Yes,' con										5		Х
Section B. Independent Contractors												
Complete this table for your five highest compensated compensation from the organization. Report compens	indeper ation for	the o	con	itrac ndar	tors yea	that i r end	rece ling	eived more than \$16 with or within the o	00,000 of irganization's t <u>ax</u> yea	ır _		
(A) Name and business address	3			-				(B) Description of	services ((Compe	C) nsatio	n
				_			\dashv					
		_					\dashv					
2 Total number of independent contractors (including bu \$100,000 of compensation from the organization	ıt not lım	ited t	o the	ose	iste	d abo	ve)	who received more	e than			

Table Tabl			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds . † 5 Royalties	NS, GIFTS, GRANTS	ta Federated campaigns			,	
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds . † 5 Royalties	NTRIBUTIO ND OTHER (f All other contributions, gifts, grants, and similar amounts not included above	<u>.</u>			
3 Investment income (including dividends, interest and other smillar amounts). 4 Income from investment of tax-exempt bond proceeds	<u> </u>	h Total. Add lines 1a-1f	28,170.			
3 Investment income (including dividends, interest and other smillar amounts). 4 Income from investment of tax-exempt bond proceeds	ERVICE REVENUE	Business Code 2 a b c d				
3 Investment income (including dividends, interest and other smillar amounts). 4 Income from investment of tax-exempt bond proceeds	PROGRAM S	f All other program service revenue	•			
8 a Gross income from fundraising events (not including\$ of contributions reported on line 1c) See Part IV, line 18		3 Investment income (including dividends, interest and other similar amounts)				
See Part IV, line 19 a 218,787. b Less: direct expenses b 120,160. c Net income or (loss) from gaming activities > 98,627. 98,627. 0. 10a Gross sales of inventory, less returns and allowances a 198,295. b Less cost of goods sold b 123,733. c Net income or (loss) from sales of inventory > 74,562. 74,562. 0. Miscellaneous Revenue Business Code	OTHER REVENUE	8 a Gross income from fundraising events (not including\$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b				-
b Less cost of goods sold b 123,733. c Net income or (loss) from sales of inventory		See Part IV, line 19 a 218,787. b Less: direct expenses b 120,160. c Net income or (loss) from gaming activities	98,627.	98,627.	0.	0.
b c d All other revenue · · · · · · ·		b Less cost of goods sold b 123,733. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	74,562.	74 , 562.	0.	0.
		b c d All other revenue				

Part IX | Statement of Functional Expenses

s All other organiz	must complete all column	All other organiza	ons must complete colu	mn (A).

Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 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							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	_ 3,271.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).							
7	Other salaries and wages	133,063.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes	12,251.						
	Fees for services (non-employees)				<u> </u>			
	Management							
_	Legal							
	: Accounting							
	Lobbying							
	Professional fundraising services See Part IV, line 17			 				
	Investment management fees							
	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)							
12	Advertising and promotion	61.						
13	Office expenses							
14	Information technology							
15	Royalties							
16	Occupancy	44,072.						
17	Travel							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	_						
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance							
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)							
а	INSURANCE GENERAL	15,174.						
b								
c		6,394.						
d								
e	All other expenses	42,258.						
	Total functional expenses Add lines 1 through 24e	256,544.						
	, , , , , , , , , , , , , , , , , , ,							
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							
	SOP 98-2 (ASC 958-720)							

•		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	155,616.	1	100,431.
	2	Savings and temporary cash investments	· · · · · · · · · · · · · · · · · · ·	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
A S	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	ь	Less accumulated depreciation	66,544.	10 c	66,544.
	11	Investments — publicly traded securities	00,344.	11	00,344.
	12	Investments — other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11			
	•••	<u> </u>	020 160	15	166 075
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	222,160.	16	166,975.
	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	
â	22	Loans and other payables to current and former officers, directors, trustees,	-	21	
ABILITI	22	key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
į١	23	Secured mortgages and notes payable to unrelated third parties		23	
S	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 of Schedule D		25	
	26_	Total liabilities. Add lines 17 through 25	0.	26	0.
NET		Organizations that follow SFAS 117 (ASC 958), check here ► and complete			
		lines 27 through 29, and lines 33 and 34.			
S	27	Unrestricted net assets		27	
ASSETS	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
OR E		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
FOZD	30	Capital stock or trust principal, or current funds	Ì	30	
- 1	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
BALANCES	32	Retained earnings, endowment, accumulated income, or other funds	222 160	32	166 075
Ā	33	Total net assets or fund balances.	222,160.	33	<u>166,975.</u>
CE		Total liabilities and net assets/fund balances	222,160.		166,975.
3	34	Total national grade not assets/igna balances () () () () () () () () ()	222,160.	34	166,975.

BAA

Form 990 (2013)

Forr	n 990 (2013) FRATERNAL ORDER OF EAGLES AERIE #528	1-028	7150		F	age 12			
Pa	rt XI Reconciliation of Net Assets								
•	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	· · ·					
1	Total revenue (must equal Part VIII, column (A), line 12)			2	01,	359.			
2	2 Total expenses (must equal Part IX, column (A), line 25)								
3	3 Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		2	22,	160.			
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	Ţ						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		1						
	column (B))	· 10	<u> </u>	1	66,	<u>975.</u>			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other								
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O									
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	-	X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both								
	Separate basis Consolidated basis Both consolidated and separate basis				-	1			
1	Were the organization's financial statements audited by an independent accountant?			2 b		X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		Ì						
	basis, consolidated basis, or both			İ					
	Separate basis Consolidated basis Both consolidated and separate basis			İ					
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udıt,		2 c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
3 a 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?									
t	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audıt	Ī			Γ			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b					
BAA				Form	990 ((2013)			

Form 990 (2013)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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.

OMB No 1545-0047

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

FR	ATERNAL ORDER OF EAGLES AERIE #5	528		31-0287150
Pa	Organizations Maintaining Donor	Advised Funds or Of	her Similar Fu	
	Complete if the organization answere	ed 'Yes' to Form 990,	Part IV, line 6.	
		(a) Donor advised	I 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 ad are the organization's property, subject to the organ	ization's exclusive legal cor	ntrol?	· · · · · · · · · · · · · · Yes No
6	Did the organization inform all grantees, donors, and for charitable purposes and not for the benefit of the impermissible private benefit?	d donor advisors in writing to donor or donor advisor, or	that grant funds can for any other purpo	be used only se conferring Yes No
Pa	Conservation Easements. Complete if the organization answere	ed 'Yes' to Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recreat	= :		an historically important land area
	Protection of natural habitat	•	\vdash	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation of	contribution in the fo	rm of a conservation easement on the
	last day of the tax year.	•		<u></u>
				Held at the End of the Tax Year
	Total number of conservation easements			
1	Total acreage restricted by conservation easements			. 2 b
(Number of conservation easements on a certified his	storic structure included in	(a)	. 2c
•	Number of conservation easements included in (c) a structure listed in the National Register			. 2d
3	Number of conservation easements modified, transfetax year ►	erred, released, extinguishe	ed, or terminated by	the organization during the
4	Number of states where property subject to conserve	ation easement is located	•	
5	Does the organization have a written policy regardin and enforcement of the conservation easements it h	g the periodic monitoring, ii	nspection, handling	
6	Staff and volunteer hours devoted to monitoring, ins			
7	Amount of expenses incurred in monitoring, inspecti ►\$	ng, and enforcing conserva	tion easements duri	ng the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports co	onservation easements in it	s revenue and expe	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the o conservation easements			
Par	Organizations Maintaining Collectic Complete if the organization answere	d 'Yes' to Form 990, F	Part IV, line 8.	Other Similar Assets.
1 a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held fin Part XIII, the text of the footnote to its financial sta	for public exhibition, educat	ion, or research in fi	Itement and balance sheet works of urtherance of public service, provide,
t	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p following amounts relating to these items	ublic exhibition, education,	or research in furthe	erance of public service, provide the
	(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, histo amounts required to be reported under SFAS 116 (A	orical treasures, or other sir ISC 958) relating to these it	nılar assets for finan ems:	icial gain, provide the following
а	Revenues included in Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·		▶\$
	Assats included in Form 900 Part V			

	ERNAL ORI						31-02			Page
Part III Organizations Mainta	aining Coll	ections o	of Art, Hist	orical	Treasures,	or Othe	r Similar As	sets (contini	ıed)
Using the organization's acquisition items (check all that apply)	on, accession,	and other r	ecords, check	any of	the following that	at are a si	gnificant use of	its collec	tion	
a Public exhibition			d Loan	or exch	nange programs					
b Scholarly research			e Other							
c Preservation for future genera	ations		_							
4 Provide a description of the organ Part XIII.	ization's collec	ctions and e	explain how the	ey furth	er the organizat	ion's exem	npt purpose in			
5 During the year, did the organizate to be sold to raise funds rather that								Yes	s [No
Part IV Escrow and Custodia					ganization an	swered	'Yes' to Forn	n 990,	Part IV	7,
1 a Is the organization an agent, trust on Form 990, Part X?					utions or other a			Yes	 ; [No
b If 'Yes,' explain the arrangement in	n Part XIII and	complete ti	he following ta	able						
								Amoun	it	
c Beginning balance						1	c			
d Additions during the year						[1	d			
e Distributions during the year			<i>.</i>			1	8			
f Ending balance	<i></i>					11	F			
2 a Did the organization include an an	nount on Form	990, Part 2	K, line 21? .					Yes	;	No
b If 'Yes,' explain the arrangement in	Part XIII Che	eck here if t	he explantion	has be	en provided in P	art XIII .		····	[]
Part V Endowment Funds. C	Complete if t	he organ	ization ans	wered	Yes' to For	m 990, F	Part IV, line 1	0.		
	(a) Current	year	(b) Prior year	- 1	(c) Two years bar	ck (d)	Three years back	(e) I	Four years	s back
1 a Beginning of year balance										
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							-	+		
2 Provide the estimated percentage	of the current	vear end ba	lance (line 1o	colum	n (a)) held as	<u> </u>		'		
a Board designated or quasi-endowr		,	ું ક	,, 00.4	(4),					
b Permanent endowment ►			`							
c Temporarily restricted endowment		ç	2							
The percentages in lines 2a, 2b, ai			U							
		•								
3 a Are there endowment funds not in organization by:	the possession	n of the org	anization that	are hel	d and administe	red for the	•	ſ	Yes	No
(i) unrelated organizations								22(1)	162	140
(ii) related organizations								3a(i)		
· •								. 3a(ii)	—	
b If 'Yes' to 3a(ii), are the related org		•						. 3b		
4 Describe in Part XIII the intended u			endowment fu	inds						
Part VI Land, Buildings, and			= -							
Complete if the organiz	ation answ	ered Yes	to Form 9	90, Pa	art IV, line 11	a. See F	orm 990, Pa	art X, Iii	ne 10.	
Description of property	_	(a) Cost or ((inves	other basis tment)		Cost or other asis (other)		ccumulated preciation	(d) E	Book val	lue
1 a Land										
b Buildings		2	21,022.				154,478.		66.	544.
c Leasehold improvements								· <u> </u>		
d Equipment										
e Other						 				
otal. Add lines 1a through 1e (Column	<u>`</u>	l Form 990	Part X. colun	nn (B)	line 10(c).)	·				544

Schedule D (Form 990) 2013

Part VII Investments — Other Securities.	Yes' to Form 990	Part IV, line 11b. See Form 990, Part X, li	ne 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financial derivatives			
(2) Closely-held equity interests	-		
(3) Other	, , , , , , , , , , , , , , , , , , ,		
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)	<u> </u>		
(<u>H)</u>			
<u>(I)</u>			
otal (Column (b) must equal Form 990, Part X, column (B) line 12) . ▶			
Part VIII Investments — Program Related.	Yes' to Form 990 F	Part IV, line 11c. See Form 990, Part X, lir	ne 13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year ma	
(1)	(4) = 0000 0000		
(2)	_ 		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)			
Part IX Other Assets.	/as' to Form 990 F	Part IV, line 11d. See Form 990, Part X, lin	0 15
	cription		ok value
(1)			<u></u>
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)	 		
otal. (Column (b) must equal Form 990, Part X, column (B), III	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered 'Yes' to Fo		le or 11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes	<u> </u>		
(3)			
(4)	-	- 	
(5)	+	- 	
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
otal (Column (b) must equal Form 990, Part X, column (B) line 25)			
Liability for uncertain tax positions In Part XIII, provide the text of the footnotes		ncial statements that reports the organization's liability for uncer	taın
r nositions under FIN 48 (ASC 740). Check here if the text of the footnote ha	ic noon provided in Dart VIII		

Schedule **D** (Form 990) 2013

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Inspection

Name of the organization	Employer identification number
FRATERNAL ORDER OF EAGLES AERIE #528	31-0287150
Pt_VI, Line 19 ON REQUEST	
Pt III, Line 2 NONE THIS YEAR	
Pt_V,_Line_3bRENTAL_INCOME	
Pt_III, Line 3 NO CHANGES	
Pt_V,_Line_14bNO_TRANING_THIS_YEAR	
Pt_VI,_Line_8aMEETING_ARE_DOCURMENT	
Pt_VI, Line 8bMEETING_ARE_DOCURMENT	
Pt VI, Line 12c BOARD APPROVAL	
Pt_VI, Line 6MEMBERS	
Pt VI, Line 11b SPECIAL MEETING	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
SERVICE CONTRACTS	1,377.			
MEMBERSHIP APP	581.			
REAL ESTATE TAXES	11,042.			
POSTAGE & METER	1,312.			
WAY S & MEANS	500.			
LEGAL				
BAD CHECKS	2 , 585.			
WORKMENS COMPS	2,236.			
WATER	1,873.			
SICK BENFITS	84.			
SERVICE CHARGE	11,441.			
LINENSE & FEES	4,637.			
APPLICATION FEES	40.			
MEM DEATH BENEFIT	100.			
BANDS	1,800.			
SCHOLARSHIP	2,500.			
HARDSHIP BENEFITS	150.			