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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545 0047

A	For the	2013 calenda	ar year, or tax ye	ar beginning 6/	01	, 2013	, and endir	ng 5/	31		2014
В	Check if a	pplicable C	0					-	D Employ	er Identii	fication Number
	Addre	ess change F	RATERNAL O	RDER OF EAGI	ES #32				81-	01369	920
	Name		1800 SOUTH						E Telepho	ne numb	er
	\vdash	return M	MISSOULA, M	T 59801					406	-721-	-3091
	H	inated									
	Amen	ided return							G Gross re	eceipts \$	600,347
	\vdash		F Name and address	of principal officer	 			H(a) Is this	a group retur	n for sub	
			SAME AS C A					H(b) Are al	l subordinates ' attach a list	included	
	Tax-exe	mpt status			(insert no) 49	947(a)(1) or	527	If 'No,	attach a list	(see inst	ructions) — —
	Websi			Sites (B)	, moore no y	717 (4)(1) 01		H(c) Group	exemption nu	ımber ►	
<u>, </u>		organization		rust Association	Other >	1	Year of format				gal domicile MT
Pa		Summary		7 Addicion	outer						
Га	1 Br	refly describe	the organization	's mission or most	significant activ	ities m	HE ORGA	NTZATT	ON'S P	RTMAI	RY PURPOSE IS
_				HE MEMBERS.	orgourit doi:		מה סוופע	NTOUTT	·014 5 1	7/11/11/11	<u> </u>
Governance	-	717 TITE DI	PMPT TT OF T	110 HEMDERS.	. 		 -				·
ם	_										
ě	2 Čt	neck this box	► If the orga	anization discontin	ued its operation	s or disp	osed of mo	re than 2	5% of its r	net ass	- ets
ဗျ				e governing body						3	
୯୪				nembers of the gov			1b)			4	
Activities &	5 To	ital number of	f individuals emp	loyed in calendar y	ear 2013 (Part \	/, line 2a)		ļ	5	15
Ĭ				mate if necessary)	•		•			6	(
됩	7 a To	tal unrelated	business revenue	e from Part VIII, co	lumn (C), line 1:	2			Ī	7 a	401,518.
	b Ne	et unrelated bi	usiness taxable i	ncome from Form	990-T, line 34				ľ	7 b	0.
								P	rior Year		Current Year
	8 Cc	ntributions ar	nd grants (Part V	III, line 1h) /III, line 2g) lumn (A), lines 3, 6d, 8 (A), lines 5, 6d, 8 ugh 11 (must egge	11 15	D T	.)		1,1	38.	
2	9 Pr	ogram service	e revenue (Part \	را, line 2g)	CEN .	10	΄.\		29,6		27,014.
	10 Inv	vestment inco	ome (Part VIII, co	lumn (A), lines 3,	1, and 7d)	رابال \	<u>(%)</u>			75.	84.
:	11 Ot	her revenue ((Part VIII, column	lumn (A), lines 3, 4 i (A), lines 5, 6d, 8 uah 11 (must egus	c,-9c, 10c, and	-le)	1.5.1	-	395,3	33.	374,420.
1	12 To	tal revenue -	- add lines 8 thro	ugh 11 (must equ	I Part Will, colur	an (A),(lu	ne 12)		426,5		401,518.
T	13 Gr	ants and simi	ilar amounts paid	(Part IX, column)	۱ سر (3- اسA), lines	7.0		—	25,6		22,749.
	14 Be	nefits paid to	or for members	(Part IX. column)	Thine 4GDE						
-	15 Sa	laries other o	compensation ei	nployee benefits (Part IX Celtimn	A) lines	5-10)		155,1	72	150,362.
3				art IX, column (A),	11	, ,, ,,	,		_100,1	/2 :	100,302.
2			•					<u> </u>			
Expenses			-	IX, column (D), lir							
1	17 Ot	her expenses	(Part IX, column	(A), lines 11a-11d	I, 11f-24e)				218,8	30.	231,848.
	18 To	tal expenses.	. Add lines 13-17	(must equal Part I	X, column (A), lı	ne 25)		}	399,6	40.	404,959.
	19 Re	venue less ex	xpenses Subtrac	t line 18 from line	12				26,9	16.	-3,441.
8								Beginnin	g of Current	Year	End of Year
Balan	20 To	tal assets (Pa	art X, line 16)						454,4		451,167.
	21 To	tal liabilities ((Part X, line 26)						2,4		2,082.
3	22 Ne	t assets or fu	ind balances. Sul	stract line 21 from	line 20				452,0	45	449,085.
1				THE COLUMN TO THE					102,0	10.	115,005.
		Signature I		d the aluga control or a	neampourer sales 1-	a and state:	nonte end i- i	he heri of	w knowledge	and balic	full is true correct and
iaer impl	penaities ete Declai	oi perjury, i declar ration of preparer ((other than officer) is	d this eturn, including ac	of which preparer has	s and stater any knowled	nenis, and io i ige	ne best of M	y knowleage i	and Dene	i, it is true, correct, and
		1	{ \ 						7/2	-91	id
: _	_	Signature of	of offices	·				Da	te		` 7
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ler	C	JUSTI:	N CUMMINS	 				LVEOT	DENI		
		Print/Type prepa		Preparer's sig	naturo		Date		<u> </u>	1, 1P	TIN
				Fleddiel's sig		/	7/-11	111	Check	J"	
aid		JAMES A		Jam	amen	ay	1729/	79	self-employer	d P	01250336
	parer	Firm's name	JAMES A.	MCMAY, CPA,	PC	<u>/</u>					
se	Only	Firm's address			SUITE A				Firm's EIN		0467842
_		<u>[</u>		, MT 59801					Phone no	(406)	
аy	the IRS	discuss this r	return with the pr	eparer shown abov	e? (see instructi	ons)					X Yes No
ĀĀ	For Pa	perwork Redu	uction Act Notice	e, see the separate	instructions.		TEE	A0113L 11/	08/13		Form 990 (2013)
				e, see the separate							

		FRATERNAL O				81-	013692	20	F	⊃age 2
Par		_		Accomplishments						
				nse or note to any line in this	Part III					
1		ribe the organization								
	THE ORG	<u>ANIZATION'S E</u>	PRIMARY P	URPOSE IS FOR THE 1	BENEFIT OF '	THE MEMBERS.	-			
		-								
	Did the organ	nization undertake any	v significant or	ogram services during the year	which were not liste	ed on the prior				
_	Form 990 or	-	y orgriniount pr	ogram our nood daming the your		5 5 1 1 1 5 p 1 1 5 1		Yes	X	No
		cribe these new serv	vices on Sche	dule O			u		لتتا	
3	Did the orga	inization cease cond	ducting, or ma	ke significant changes in how	it conducts, any	program services?		Yes	X	No
	If 'Yes,' desc	cribe these changes	on Schedule	0						
4	Describe the Section 501 (o others, the t	e organization's prog c)(3) and 501(c)(4) or otal expenses, and i	gram service a ganizations an revenue, if an	accomplishments for each of it d section 4947(a)(1) trusts are r y, for each program service re	s three largest pr equired to report the eported	ogram services, as ne amount of grants a	measure nd alloca	d by e itions t	xpens o	ses
4 a	(Code) (Expenses	\$	including grants of	\$) (Revenue	\$)
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4 b	(Code) (Expenses	\$	including grants of	\$) (Revenue	\$)
										
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4 c	(Code) (Expenses	Ś	including grants of	Ś) (Revenue	Ś			
70	(Code	/ (Expenses	¥		¥) (Nevende	*			—′
										
		_								
		m services (Describ								
	(Expenses	\$		ding grants of \$) (Re	venue \$)	
4 e BAA	i otai prograr	n service expenses		0.				Form	990 (20131
				TEEA0102L 07/02/13				. 3.711	(, ,

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		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			
ä	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	
ŀ	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
(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
C	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		Х
e	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
12 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
	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	12 b		<u>X</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X_
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 Ь		

		-	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		Х
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	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? <i>If 'Yes,' complete Schedule J</i>	23		Х
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
	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		
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		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)			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
(officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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, line 1	34	_	Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf '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	_	
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38		Х
BAA	2. 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. 3. 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 IX to May of the year, that was issued after December 31, 2002" If "Yes," answer lines 24b through 24d and complete Schedule IX If No, go to line 25a. 3. Did the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? 4. Did the organization maintain an escrive account other than a refunding escrive at any time during the year? 5. Did the organization and \$51(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 II 5. Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organizations prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 5. Did the organization propert any amount on Part X. Jine 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 III 5. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributions 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 Was the organization provide a grant or other assistance to an officer, director, trustee, or they employee (or a family member thereof) was an officer, directo		990 (2	2013)

Form **990** (2013)

Transfer of Lagrange #32			
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			[
		Yes	N
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a	11		
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?	10	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	15		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	X	}
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	_
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 5		
4 a 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)? b If 'Yes,' enter the name of the foreign country	4 a		Х
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?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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?	7 a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	— <u>, , , , , , , , , , , , , , , , , , , </u>		
Form 8282?	7 c	ĺĺ	Χ
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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		х
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a	1	
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			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	7 /		
11 Section 501(c)(12) organizations. Enter	7 1		
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources	┥ ┆		
against amounts due or received from them)	_		
12 a 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 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?	13 a		
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in			
which the organization is licensed to issue qualified health plans	_		
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	Ì	

BAA

Pa	Tt VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b b a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha	elow, naes	and i	for
	Schedule O. See instructions.	igoo	•••	_
	Check if Schedule O contains a response or note to any line in this Part VI			X
Se	ction A. Governing Body and Management		T	1
_			Yes	No
1	a 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	5		
	1	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		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			Į,
-	since the prior Form 990 was filed?	5	 -	X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6	 	X
_	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		Х
l	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?	8a		X
	Each committee with authority to act on behalf of the governing body?	86	\vdash	Х
	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	ليا	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	<u>even</u> t		,
10.	a Did the organization have local chapters, branches, or affiliates?	10 a	Yes	No X
	old the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	104		
	operations are consistent with the organization's exempt purposes?	10 b		
11 a	a 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 SEE SCHEDULE O			
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	 	Х
	were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? : Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in	12b		ļ
,	Schedule O how this was done	12 c		į
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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		<u> X</u>
t	Other officers of key employees of the organization	15 b	X	
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 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	of '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	16 h		
<u> </u>	organization's exempt status with respect to such arrangements? tion C. Disclosure	16 b		
<u>360</u> 17	List the states with which a copy of this Form 990 is required to be filed NONE			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply	vaılabl	e for p	oublic
	Own website Another's website			
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available public during the tax year SEE SCHEDULE O	able to		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization			
• BAA	JAMES A MCNAY, CPA, PC 1800 SOUTH RESERVE, STE A MISSOULA MT 59801 406-721 TEEA0106L 07/02/13		1 <u> </u>	2013)

TEEA0106L 07/02/13

81-0136920

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

- 1 a 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

400		ł		(0	**					
***		1		(0	-)					
(A) Name and Title	(B) Average hours per	off	cer ar	o not iless j id a d	checl perso irecto	k more in is bot or/truste	han h an e)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	hours per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	from the organization and related organizations
(1) PERRY FRANCIS	0									
VICE PRESIDENT	0	L						0.	0.	0.
(2) JUSTIN CUMMINS	0									
PRESIDENT	0	Ī						0.	0.	0.
(3) LOREN BRANDT	0				_ [
TRUSTEE	0							0.	0.	0.
(4) JOHN NELSON	0									
TRUSTEE	0							0.	0.	0.
(5) LARRY STEELE	10									
SECRETARY	0							921.	0.	0.
(6) TIM RAYMOND	0				Ī					
TRUSTEE	0							0.	0.	0.
(7) LAYNE BLANCHARD	0		ĺ		İ					
TRUSTEE	0			[0.	0.	0.
(8) BILL WOOLEY					1					
TREASURER	0				_		_	0.	0.	0.
(9) RALF JOHNSON	0									
CHAPLAIN	0		_	_	_			0.	0.	0.
(10) JOHN F HENDRIX III				ı		İ				
CONDUCTOR	0		\dashv	_	_			0.	0.	0.
(11)				f						
(12)										
(13)					1					
(14)										· · · · · · · · · · · · · · · · · · ·

Ture VIII Section A. Officers, Directors, Tru	(B)	T	-		C)	.03,	arr.	I ingriest con	ipensated Emp	loyco	.3 (001)	iiiiueu,
(A)	Average hours		Position (do not check more than one box, unless person is both a					I.	(E)		(F)	~ d
Name and title	per	off	icer a	nd a	direc	tor/trus	stee)	compensation from the organization	Reportable compensation from related organizations (W 2/1099-MISC)	am	Estimate ount of compensation	other stion
	(list any hours for related organiza	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2/1099-MISC)	o	from the rganizat ind relat	ion
	110115	Cor is	onal		nploye	ee t com] ~				ganızatı	
	dotted line)	Jstee	ruste		8	bensa						
	1		e			E E				ĺ		
(15)												
(16)						-						
(17)												
(18)	 											
(19)												
										<u> </u>		
(20)												
(21)												-
(22)												
(23)												
(24)												
(25)	-						+					
1 b Sub-total	<u> </u>	l					-	921.	0.			0.
c Total from continuation sheets to Part VII, Section	A					•	•	0.	0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to	those lie	sted :	abov	a) w	ho r	00011	od r	921.	0.	one atio	n	0.
from the organization • 0	inose na	sieu e	3004	C) W	110 1	CCCIV	eu i	nore than \$100,000	or reportable compe	ziisalio	"	
						•					Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	r, or trus <i>ndıvıdua</i>	tee, I	key	emp	oloy	ee, o	r hiệ	ghest compensate	d employee	3		Х
4 For any individual listed on line la, is the sum of re the organization and related organizations greater t such individual	portable han \$15	con 60,00	nper 0? <i>[</i>	nsatı f 'Ye	on a	and comp	the <i>lete</i>	r compensation from Schedule J for	om	4		×
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	compens	ation	n from	m ai ile J	ny ι ' for	inrela such	ated	organization or in	ndıvıdual	5		X
Section B. Independent Contractors												
1 Complete this table for your five highest compensal compensation from the organization. Report compensal	ed inder	penda ne ca	ent d lend	cont ar ye	ract ear e	ors tl	hat q wi	received more that the organization that the control of the contro	in \$100,000 of anization's tax year			
(A) Name and business addres								(B) Description of		(Compe	C) nsatio	n
	-						+				<u>.</u>	
								,	_			
2 Total number of independent contractors (including but	not limite	ed to	thos	e lis	ted	above	 e) w	ho received more the	han			
\$100,000 of compensation from the organization	Λ											

	Check if Schedule O contains a response or note to a	iny line in this Part VII	<u> </u>		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
Z 2	1 a Federated campaigns 1 a				
RAN	b Membership dues 1b				
S, G	c Fundraising events 1 c				
AP AP	d Related organizations 1 d	_			
NS,	e Government grants (contributions)	_			1
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f				
E ON	g Noncash contributions included in lines 1a-1f \$	_			
2 4	h Total. Add lines 1a-1f				
3	Business Code	-		07.014	
ğ	b ASSESSMENTS	27,014.		27,014.	
3					
፟	d			<u> </u>	
S	e	 			
GRA	f All other program service revenue				
Š	g Total. Add lines 2a-2f	27,014.			
_=	3 Investment income (including dividends, interest and	2,,011.			
	other similar amounts)	84.		84.	
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties		·		
	(i) Real (ii) Personal	-}	'		
	6 a Gross rents	-			
	b Less. rental expenses	-			
	c Rental income or (loss)	-			
	d Net rental income or (loss)	1			
	7 a Gross amount from sales of assets other than inventory	-	ļ		
	b Less cost or other basis and sales expenses				
	c Gain or (loss)	1			
	d Net gain or (loss)			 	
OTHER REVENUE	8a Gross income from fundraising events (not including \$				
2	of contributions reported on line 1c)				
띪	See Part IV, line 18	4			
팀	b Less direct expenses b				
	c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b]		•	
	c Net income or (loss) from gaming activities				
l	10a Gross sales of inventory, less returns and allowances a 434, 949.	,			
	b Less cost of goods sold b 198,829.]]		
	c Net income or (loss) from sales of inventory	236,120.		236,120.	
	Miscellaneous Revenue Business Code	1			
	11a GAMING MACHINE INCOME	117,137.		117,137.	·····
- 1	b LOTTERY INCOME	10,503.		10,503.	
	COVER/SHORT	9,975.		9,975.	
	d All other revenue WKS	685.		685.	
	e Total. Add lines 11a-11d	138,300.			···
- l	12 Total revenue. See instructions	ا 401،518 ا	0.1	401,518.	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 (D) (A) (C) Do not include amounts reported on lines Total expenses Program service Management and Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 17,175. 17,175 Grants and other assistance to individuals in the United States See Part IV, line 22 5,574 5.574 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 921 0. 921 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 0 0. 7 Other salaries and wages 128,418 128,418 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9,816. 9,816 Payroll taxes 11,207 11.207 Fees for services (non-employees) a Management **b** Legal c Accounting **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule (1) Advertising and promotion 9,220 9,220 Office expenses 3,545. 3,545 Information technology 14 Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 3,958 3,958 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 19,399 19,399 23 16,681 16,681 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) 44,001 a LIVE MUSIC 44,001 b TAXES, LICENSES & PERMITS 28,780 28,780 25,421 c UTILITIES 25,421 d MACHINE EXPENSE 18,608 18,608 e All other expenses SEE SCH. O 62,235 62,235 25 Total functional expenses. Add lines 1 through 24e 404,959. 22,749 382,210 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X **(B)** End of year Beginning of year Cash - non-interest-bearing 1 134,795. 129,503 2 2 Savings and temporary cash investments. 58,588 57,754. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net. R 8 18,971 Inventories for sale or use 19,500 9 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10 a 769,688. b Less accumulated depreciation 10b 10 c 236,498 228,777. 540,911 Investments - publicly traded securities 11 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 15 10,870. 10,390 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 454,479 451,167 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 Unsecured notes and loans payable to unrelated third parties 24 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 2,434 25 2,082. 26 2,434 26 Total liabilities. Add lines 17 through 25 2,082. Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 Temporarily restricted net assets. 28 28 29 Permanently restricted net assets P Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 452,045 449,085. 33 33 Total net assets or fund balances 449,085. 452,045 Total liabilities and net assets/fund balances 34 34 454,479. 451,167. Form 990 (2013) BAA

TEEA0111L 07/08/13

	. , , , , , , , , , , , , , , , , , , ,	1-01369	920	P	age 1			
Pa	rt XI ` Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	01,	518.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	404,959				
3	Revenue less expenses Subtract line 2 from line 1	3		-3,441				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	52,0	045.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	CEE COMEDINE O							
9	9 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE 0							
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))							
Pa	rt XII Financial Statements and Reporting	, ,						
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	1 Accounting method used to prepare the Form 990 Cash Accrual X Other SEE SCH. O							
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O							
2 :	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 revie separate basis, consolidated basis, or both	wed on a						
	X Separate basis Consolidated basis Both consolidated and separate basis							
ı	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 sepa	ırate		1	1			
	basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis				1			
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the autoriest or compilation of its financial statements and selection of an independent accountant?	dit,	2 c		Х			
	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?	ı	3 a		Х			
t	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udıt	3.6		-			
RΔΔ	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	900 /	(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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FR	ATERNAL ORDER OF EAGLES #32			81-0136920
Par		r Advised Funds or Other Simi		
1	Complete if the organization ans	wered 'Yes' to Form 990, Part I\	/, line 6.	
		(a) Donor advised funds	(b) Fu	unds 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 dorare the organization's property, subject to the	nor advisors in writing that the assets he organization's exclusive legal control?	eld in donor advised f	unds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that gr of the donor or donor advisor, or for an	ant funds can be use ny other purpose conf	d only erring Yes No
Par	Conservation Easements. Complete if the organization ans	wered 'Yes' to Form 990, Part IV	/, line 7.	
1	Purpose(s) of conservation easements held by		· <u>·</u>	
	Preservation of land for public use (e.g., r		vation of an historica	lly important land area
	Protection of natural habitat	·	vation of a certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution in	the form of a conserv	ation easement on the
	last day of the tax year.		H	eld at the End of the Tax Year
2	Total number of conservation easements		2 a	tid at the Life of the Tax Tear
	Total acreage restricted by conservation easer	nents	2 b	
	Number of conservation easements on a certif		2 c	
			 	
a	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and not on	a nistoric 2 d	
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, or termina	ted by the organization	during the
4	Number of states where property subject to conse	rvation easement is located ►		
	Does the organization have a written policy re-	garding the periodic monitoring, inspecti	ion, handling of violat	
	and enforcement of the conservation easemen			∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservation ease	ements during the year	
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation easemer	nts during the year	
	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements	conservation easements in its revenue and the organization's financial statements	d expense statement, as that describes the o	and balance sheet, and rganization's accounting for
Part	Organizations Maintaining Collection Complete if the organization answers	ctions of Art, Historical Treasur vered 'Yes' to Form 990, Part IV	es, or Other Simi , line 8.	lar Assets.
	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finance.	d for public exhibition, education, or resea	rch in furtherance of pi	
	If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items	SFAS 116 (ASC 958), to report in its re r public exhibition, education, or research i	venue statement and n furtherance of public	balance sheet works of art, 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, hi amounts required to be reported under SFAS 1	storical treasures, or other similar assets f 16 (ASC 958) relating to these items	or financial gain, provid	de the following
а	Revenues included in Form 990, Part VIII, line	1		► \$
b	Assets included in Form 990, Part X			► \$

•						
Schedule D (Form 990) 2013 FRAT	EDMAT OPDER	OF FACIES	#32	81-0	136920 Pa	age 2
Part III Organizations Mainta						
3 Using the organization's acquisition items (check all that apply).	n, accession, and o	ther records, check	any of the following that	t are a significant use of i	ts collection	-
a Public exhibition		d Loa	n or exchange program	ıs		
b Scholarly research		e Othe	er			
c Preservation for future gene	rations				-	
4 Provide a description of the organi. Part XIII						
5 During the year, did the organiza to be sold to raise funds rather t	han to be maintair	ned as part of the	organization's collection	on?	Yes N	lo
Part IV Escrow and Custodia line 9, or reported an	al Arrangement amount on Fo	ts. Complete if rm 990, Part X	the organization a , line 21.	answered 'Yes' to F	orm 990, Part IV 	',
1 a Is the organization an agent, true on Form 990, Part X?				other assets not include	d Yes N	О
b If 'Yes,' explain the arrangement	in Part XIII and c	omplete the follow	ving table			
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1 f		
2 a Did the organization include an a					☐ Yes ☐ N	0
b If 'Yes,' explain the arrangement	ın Part XIII. Chec	k here if the expla	antion has been provide	ed in Part XIII .		
Part V Endowment Funds. C	omplete if the	organization a	nswered 'Yes' to F	orm 990, Part IV, I	ine 10.	
	(a) Current year	(b) Prior ye	ar (c) Two years ba	ack (d) Three years bac	k (e) Four years bac	:k
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses					_	
g End of year balance						
Provide the estimated percentage	of the current year	ar end balance (lii	ne 1g, column (a)) held	d as		
a Board designated or quasi-endowment		 %				
b Permanent endowment	8					
c Temporarily restricted endowmen The percentages in lines 2a, 2b, a		% al 100%				
3 a Are there endowment funds not in the organization by	ne possession of th	e organization that	are held and administere	ed for the	Yes No	
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(II), are the related o	rganızatıons listed	as required on So	chedule R?		3b	
4 Describe in Part XIII the intended		ızatıon's endowme	ent funds			
Part VI Land, Buildings, and E	Equipment.					
Complete if the organiz	zation answere	d 'Yes' to Forr	n 990, Part IV, line	e 11a. See Form 99	0, Part X, line 1	0.
Description of property		ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1 a Land			· · · · · · · · · · · · · · · · · · ·			
b Buildings						
c Leasehold improvements						

540,911 **d** Equipment 228,777.

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

228,777. Schedule **D** (Form 990) 2013

Part VII Investments - Other Securities.		N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or en	id-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests (3) Other			
(A) (B)			<u></u>
(C)			
(D) (E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		· · · · · · · · · · · · · · · · · ·	
Part VIII Investments — Program Related. Complete if the organization answered	'Ves' to Form 990	N/A Part IV line 11c See Form	990 Part X June 13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or er	
(1)	(b) Book Value	(o) memor or variables. Cost of	
(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.	 N/A		
Complete if the organization answered	'Yes' to Form 990,	Part IV, line 11d. See Form	990, Part X, line 15.
(a) Des	cription		(b) Book value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)		·····	
Total. (Column (b) must equal Form 990, Part X, column (B,) line 15.)		>
Part X Other Liabilities.	7, III.E 13)		
Complete if the organization answered 'Yes' to For	m 990, Part IV, line 11e	or 11f. See Form 990, Part X, line 25	5
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) PAYROLL LIABILITIES WITHHELD	2,082	? . 	
(3)		 	
(5)		- 	
(6)		7	
(7)			
(8)			
(9)			
(10)		_	
(11)	▶ 2.082	, 	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the fool	2,002		n's liability for uncertain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote ha		anoral statements that reports the organization	is liability for discertain

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Schedule D (Form 990) 2013 FRATERNAL ORDER OF EAGLES #32	8	31-0136920	Page
Part XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue per I	Return. N/A	
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	2 a		
b Donated services and use of facilities	2 b	7	
c Recoveries of prior year grants	2 c	7	
d Other (Describe in Part XIII)	2 d	7	
e Add lines 2a through 2d		7 2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b	-	
c Add lines 4a and 4b	40	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2)	5	
Part XII Reconciliation of Expenses per Audited Financial Stater			
Complete if the organization answered 'Yes' to Form 990,	• •	r Keturn. N/A	
	, Fait 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	2 a	<u> </u>	
b Prior year adjustments	2 b	-	
c Other losses	2 c	_	
d Other (Describe in Part XIII)	2 d	_	
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
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	4 a		
b Other (Describe in Part XIII.)	4 b	_	
c Add lines 4a and 4b	-	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	5	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also c	4, Part IV, lines 1b and 2b, Pa omplete this part to provide and	rt V, y additional informa	tion
			· -
			
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Schedule **D** (Form 990) 2013

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SCHEDULE		Ġ	ants and Oth	ner Assistance t	o Organization	S,		OMB No 1545 0047
(Form 990)		Gowo	Governments, ar	Governments, and Individuals in the United States complete if the organization answered 'Yes' to Form 990, Part IV line 21 or 23	the United Sta	ates		2013
Department of the Treasury Internal Revenue Service		► Information	about Schedule I	■ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.). uctions is at www.irs.	gov/form990.	<u> </u>	Open to Public Inspection
Name of the organization FDATEDNAT ODDED	OF FACT FO	#30					Employer identification number	ation number
Part General In	formation on Gr	General Information on Grants and Assistance	ance				700010	
1 Does the organizate the selection criter 2 Describe in Part IV	ion maintain records tria used to award the	Does the organization maintain records to substantiate the amount of the the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use	ount of the grants or se? g the use of grant fur	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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	eligibility for the grants	or assistance, and		Yes XNo
Part II Grants and Form 990,	d Other Assistar Part IV, line 21	nce to Governme for any recipient	ints and Organi that received m	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.	ed States. Comple art II can be dupli	ste if the organizat	tion answered 'Y space is needed	es' to
1 (a) Name and address of organization or government	ess of organization rnment	(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
(v)								
(2)								
(3)			3					
(4)								
(5)								
6								
(8)								
2 Enter total number 3 Enter total number	er of section 501(c)(er of other organization	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	organizations listed	in the line 1 table				0
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Reduction Act Notice	e, see the Instruction	ıs for Form 990.		TEEA39010	TEEA3901L 07/12/13	Schedu	Schedule I (Form 990) (2013)

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Page 2 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. (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book FMV, appraisal, other) (d) Amount of non cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III 4 Ŋ 9 8 က

81-0136920

FRATERNAL ORDER OF EAGLES #32

Schedule I (Form 990) (2013)

BAA

Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2013

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

FRATERNAL ORDER OF EAGLES #32	Employer identification number 81-0136920
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	·
FORM 990 AND FOR 990T WILL BE PRESENTED TO THE BOARD OF TRUSTEE	S PRIOR TO FILING.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	
FORM 990, PART XII, LINE 1 - OTHER ACCOUNTING METHOD	
MODIFIED CASH	
	

2013

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

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FRATERNAL ORDER OF EAGLES #32

81-0136920

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7/18/14

FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) <u>FUNDRAISING</u>
BANK CHARGES DUES & SUBSCRIPTIONS LOTTERY EXPENSE MISCELLANEOUS NSF CHECKS POSTAGE AND SHIPPING PROFESSIONAL FEES REPAIRS & MAINTENANCE SECURITY SUPPLIES TELEPHONE WORKER'S COMPENSATION	2,995. 1,705. 7,902. 4,999. 966. 420. 7,890. 9,933. 1,024. 17,024. 17,066. 2,022. 5,313. \$ 62,235.	\$ 0.	2,995. 1,705. 7,902. 4,999. 966. 420. 7,890. 9,933. 1,024. 17,066. 2,022. 5,313. \$ 62,235.	<u>\$</u> 0.

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ROUNDING

TOTAL \$ 2.