



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

A For the 2014 calendar year, or tax year beginning 6-1 , 2014, and ending 5-31 , 20 15	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Fraternal Order of Eagles #1861, Inc. Doing business as Fraternal Order of Eagles #1861, Inc. Number and street (or P O box if mail is not delivered to street address) Room/suite 144 North Street City or town, state or province, country, and ZIP or foreign postal code Bennington, VT 05201
	D Employer identification number 03-0123325
	E Telephone number 802-447-3061
	G Gross receipts \$
	F Name and address of principal officer
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(8) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ N/A	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation 1909	M State of legal domicile VT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To provide Services for Eagle Members and to raise funds for duly authorized Fraternal Order of Eagles charities and to contribute to worthwhile charitable causes both local and national.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	22
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10517	2542
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	434	3313
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	167842	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	178793	179493
Expenses	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)	8880	7122
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	96761	86592
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	74173	34837
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	179814	149959
19 Revenue less expenses. Subtract line 18 from line 12	-1021	29534	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	360643	390985
	22 Net assets or fund balances. Subtract line 21 from line 20	8771	12703
		351872	378282

Part II Signature Block

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

Sign Here	Signature of officer William Bruso, Secretary <i>William Bruso</i>		Date 6/4/15
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ▶	Firm's EIN ▶	Check <input type="checkbox"/> if self-employed
	Firm's address ▶	Phone no	PTIN

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2014)

10

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

To provide Services for Eagle Members and to raise funds for duly authorized Fraternal Order of Eagles charities and to contribute
to worthwhile charitable causes both local and national.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)
(Expenses \$ 0.00 including grants of \$) (Revenue \$)**4e** Total program service expenses ►

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	✓
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓
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	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
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	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
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	✓
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	✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓
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	11b	✓
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	11c	✓
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	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
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	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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	✓
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	✓
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	✓
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	✓
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	✓
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	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	✓
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓
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	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓
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	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
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	✓

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	13
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 11		
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.			
b Enter the number of voting members included in line 1a, above, who are independent	1b		
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<input checked="" type="checkbox"/>	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<input checked="" type="checkbox"/>	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **Vermont**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 William Bruso, 144 North Street, Bennington, VT 05201

802-447-3061

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jim Cone	2									
Predident	0			✓				400		
(2) Bruce Travis	2									
Vice President	0			✓				0		
(3) Steve Carr	4									
Chaplain	0			✓				0		
(4) William Bruso	24									
Secretary	0	✓		✓				2187		
(5) Jen Stratton	2									
Treasurer	0			✓				580		
(6) Steve Marsden	4									
Trustee	0	✓		✓				580		
(7) Thomas Ripley	4									
Trustee	0	✓		✓				580		
(8) Craig Mann	4									
Trustee	0	✓		✓				580		
(9) Mike Jordan	4									
Trustee	0	✓		✓				580		
(10) Lucy Bruso	10									
Book Keeper	0				✓			10400		
(11) Jesse King	35									
Bartender	0				✓			19679		
(12) Cory Wheat	9									
Bartender	0				✓			8501		
(13) Melody Elliott	7									
Bartender	0				✓			5862		
(14) Jim Cone	8									
Bartender	0				✓			5585		

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

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

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

- | | Yes | No |
|--|----------|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | ✓ |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | ✓ |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | ✓ |

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	724			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1818			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f ▶		2542			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue .					
	g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		3313	3313		
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities See Part IV, line 19 a		106815			
	b	Less: direct expenses b		20206			
	c	Net income or (loss) from gaming activities ▶		86609	86609		
	10a	Gross sales of inventory, less returns and allowances a		187372			
b	Less: cost of goods sold b		105911				
c	Net income or (loss) from sales of inventory ▶		81461	81461			
Miscellaneous Revenue			Business Code				
11a	Vending Machines		5568	5568			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		5568				
12	Total revenue. See instructions. ▶		179493	173925			

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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	7122	7122		
5 Compensation of current officers, directors, trustees, and key employees	7317	0		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	88281	88281		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	12402	12402		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3779	3779		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	2560	2560		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	191	191		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	12094	12094		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a various charitable donations	11388	11388		
b entertainment	3595	3595		
c licenses & permits	1230	1230		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	149959	142642		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	21885	1	20270
	2 Savings and temporary cash investments	117642	2	120473
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	8142	8	8142
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 242100		
	b Less: accumulated depreciation	10b	10c	242100
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	360643	16	390985	
Liabilities	17 Accounts payable and accrued expenses	8771	17	12703
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	8771	26	12703
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	351872	27	378282
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	351872	33	378282
34 Total liabilities and net assets/fund balances	360643	34	390985	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	179493
2	Total expenses (must equal Part IX, column (A), line 25)	2	149959
3	Revenue less expenses. Subtract line 2 from line 1	3	29534
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	351872
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	-3124
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	378282

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b		✓
2c		
3a		
3b		

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Fraternal Order of Eagles #1861, Inc.

Employer identification number

03-0123325

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	► \$ ► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	► \$ ► \$

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

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

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

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

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

- (i)** unrelated organizations
(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		189100		189100
c Leasehold improvements				
d Equipment		53000		53000
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				242100

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XIII Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

Fraternal Order of Eagles #1861, Inc.

Employer identification number

03-0123325

Part I

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue		106815	5568	112383
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses		20206	425	20631
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				20631
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				91752

9 Enter the state(s) in which the organization conducts gaming activities: Vermont

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain: License is required by State Statutes

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ **No**
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|--------------|
| a The organization's facility | 13a | 100 % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ William Brusio

Address ▶ 144 North St. Bennington, VT 05201

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE I
(Form 990)

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Fraternal Order of Eagles #1861, Inc.

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) see attachments							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Cat No 50055P

Schedule I (Form 990) (2014)

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

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

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

**SCHEDULE O .
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Fraternal Order of Eagles #1861, Inc.

Employer identification number

03-0123325

Part III Line 1 The Bennington Eagles is a social club and raises money for charities and is made up of 376 members

Part VI Line 7a The members hold elections annually and elect officers who maintain the operations of the club within the its By-Laws

Part VI Line 7b Decisions of the governing body are brought to a bi-monthly meeting for approval

Part VI Line 8a The bi-monthly meeting minutes are recorded by the Secretary and reviewed by the members at the next regular meeting

Part VI Line 8b Each Committee reports during the regular meetings to get approval of the membership

Part VI Line 10b Their By-Laws are approved by the main body

**Part VI Line 11b The 990 is reviewed by the governing body and presented at a Bi-Monthly meeting and a copy is made available for review
on request**

**Part VI Line 19 A copy of the 990 and its financial statements are made available upon request to the Public and a copy of the internal audit,
Treasurers reports and 990 are sent to the Grand Aerie, Fraternal Order of Eagles, in Ohio for review and approval**

Part XII Line 2a All books and records are audited internally by an Auditor appointed by the President and is required to be a member

Name of the organization

Employer identification number

Fraternal Order of Eagles #1861, Inc.**03-0123325**

10:10 AM .
06/04/15
Cash Basis

1861
Grants
June 2014 through May 2015

	<u>Jun '14 - May 15</u>
Income	
FED FORM 990 PART VIII	
Line 1f-Other Donations R'ced	
600 · Donations for the use of Equip.	100.00
603 · DONATIONS RECEIVED	2,163.00
605 · DIABETES FUND	-1,637.00
606 · Scholarship Fund	1,192.00
	<hr/>
Total Line 1f-Other Donations R'ced	1,818.00
	<hr/>
Total FED FORM 990 PART VIII	1,818.00
	<hr/>
Total Income	1,818.00
	<hr/>
Gross Profit	1,818.00
Expense	
FED FORM 990 PART IX	
Line 1-Grants & Charities	
823 · CHARITY TO GROUPS	11,387.59
	<hr/>
Total Line 1-Grants & Charities	11,387.59
	<hr/>
Line 4-Benefits to Members	
832 · ENTERTAINMENT	3,595.00
861 · AWARDS	44.94
878 · BENEFITS PAID FOR/TO MEMB...	7,121.52
	<hr/>
Total Line 4-Benefits to Members	10,761.46
	<hr/>
Total FED FORM 990 PART IX	22,149.05
	<hr/>
Total Expense	22,149.05
	<hr/>
Net Income	-20,331.05
	<hr/>

1861
Profit & Loss Detail
June 2014 through May 2015

10 26 AM
06/04/15
Accrual Basis

Type	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Income									
FED FORM 990 PART VIII									
Line 1f-Other Donations R'ced									
600 Donations for the use of Equip									
Deposit	06/02/2014			CHAIR RENTAL			53 Bank of Ben	5 00	5 00
Deposit	06/15/2014			CHAIR RENTAL			53 Bank of Ben	5 00	10 00
Deposit	06/19/2014			CHAIR RENTAL			53 Bank of Ben	5 00	15 00
Deposit	06/29/2014			CHAIR USE			53 Bank of Ben	10 00	25 00
Deposit	07/13/2014			CHAIRS			53 Bank of Ben	5 00	30 00
Deposit	08/10/2014			CHAIR USE			53 Bank of Ben	5 00	35 00
Deposit	08/18/2014			CHAIRS			53 Bank of Ben	5 00	40 00
Deposit	08/25/2014			CHAIR USE			53 Bank of Ben	5 00	45 00
Deposit	09/09/2014			CHAIRS			53 Bank of Ben	5 00	50 00
Deposit	10/02/2014			CHAIRS			53 Bank of Ben	25 00	75 00
Deposit	10/27/2014			CHAIRS			53 Bank of Ben	5 00	80 00
Deposit	11/30/2014			CHAIR USE			53 Bank of Ben	5 00	85 00
Deposit	12/01/2014			CHAIR USE			53 Bank of Ben	5 00	90 00
Deposit	12/26/2014			CHAIR USE			53 Bank of Ben	5 00	95 00
Deposit	05/24/2015			CHAIR USE			53 Bank of Ben	5 00	100 00
Total 600 Donations for the use of Equip								100 00	100 00
603 DONATIONS RECEIVED									
Deposit	08/11/2014			DONATION FO			53 Bank of Ben	2 00	2 00
Deposit	08/18/2014			DONATION			53 Bank of Ben	1 00	3 00
Deposit	10/08/2014			DONATION RE			53 Bank of Ben	5 00	8 00
Deposit	10/31/2014			THANKSGIVIN			53 Bank of Ben	100 00	108 00
Deposit	10/31/2014			THANKSGIVIN			53 Bank of Ben	250 00	358 00
Deposit	10/31/2014			THANKSGIVIN			53 Bank of Ben	100 00	458 00
Deposit	10/31/2014			THANKSGIVIN			53 Bank of Ben	100 00	558 00
Deposit	11/03/2014			THANKSGIVIN			53 Bank of Ben	100 00	658 00
Deposit	11/03/2014			THANKSGIVIN			53 Bank of Ben	50 00	708 00
Deposit	11/03/2014			THANKSGIVIN			53 Bank of Ben	150 00	858 00
Deposit	11/06/2014			THANKSGIVIN			53 Bank of Ben	100 00	958 00
Deposit	11/08/2014			THANKSGIVIN			53 Bank of Ben	50 00	1,008 00
Deposit	11/08/2014			THANKSGIVIN			53 Bank of Ben	100 00	1,108 00
Deposit	11/08/2014			THANKSGIVIN			53 Bank of Ben	100 00	1,208 00
Deposit	11/08/2014			THANKSGIVIN			53 Bank of Ben	20 00	1,228 00
Deposit	11/11/2014			THANKSGIVIN			53 Bank of Ben	10 00	1,238 00
Deposit	11/14/2014			THANKSGIVIN			53 Bank of Ben	100 00	1,338 00
Deposit	11/16/2014			THANKSGIVIN			53 Bank of Ben	20 00	1,358 00
Deposit	11/16/2014			THANKSGIVIN			53 Bank of Ben	15 00	1,373 00
Deposit	11/16/2014			THANKSGIVIN			53 Bank of Ben	50 00	1,423 00
Deposit	11/17/2014			THANKSGIVIN			53 Bank of Ben	27 00	1,450 00
Check	11/19/2014	31152	NINO'S EQUIPMENT, I	OFFICER POO			53 Bank of Ben	0 00	1,450 00
Deposit	11/19/2014			THANKSGIVIN			53 Bank of Ben	200 00	1,650 00
Deposit	11/19/2014			THANKSGIVIN			53 Bank of Ben	100 00	1,750 00
Deposit	11/19/2014			THANKSGIVIN			53 Bank of Ben	100 00	1,850 00
Deposit	11/19/2014			THANKSGIVIN			53 Bank of Ben	30 00	1,880 00
Deposit	11/20/2014			THANKSGIVIN			53 Bank of Ben	25 00	1,905 00
Deposit	11/21/2014			THANKSGIVIN			53 Bank of Ben	50 00	1,955 00

1861
Profit & Loss Detail
June 2014 through May 2015

10:26 AM
06/04/15
Accrual Basis

Type	Date	Num	Name	Memo	Class	Cir	Split	Amount	Balance
Check	11/22/2014	31156	NINO'S EQUIPMENT, I	THANKSGIVIN			53 Bank of Ben		1,955 00
Deposit	11/24/2014			THANKSGIVIN			53 Bank of Ben	50 00	2,005 00
Deposit	11/25/2014			THANKSGIVIN			53 Bank of Ben	20 00	2,025 00
Deposit	11/25/2014			THANKSGIVIN			53 Bank of Ben	50 00	2,075 00
Deposit	11/26/2014			THANKSGIVIN			53 Bank of Ben	20 00	2,095 00
Deposit	11/26/2014			THANKSGIVIN			53 Bank of Ben	10 00	2,105 00
Deposit	11/26/2014			THANKSGIVIN			53 Bank of Ben	5 00	2,110 00
Check	11/30/2014	31180	NINO'S EQUIPMENT, I	THANKSGIVIN			53 Bank of Ben		2,110 00
Deposit	12/03/2014			THANKSGIVIN			53 Bank of Ben	33 00	2,143 00
Deposit	12/08/2014			THANKSGIVIN			53 Bank of Ben	20 00	2,163 00
Check	12/17/2014	31249	NINO'S EQUIPMENT, I	THANKSGIVIN			53 Bank of Ben		2,163 00
Total 603 DONATIONS RECEIVED									
605 DIABETES FUND									
General Journal	07/20/2014			SCHOLARSHIP			606 Scholarship	-1,637 00	-1,637 00
Total 605 DIABETES FUND									
606 - Scholarship Fund									
General Journal	07/20/2014			SCHOLARSHIP			605 DIABETES	1,637 00	1,637 00
Deposit	08/04/2014			SCHOLARSHIP			53 Bank of Ben	28 00	1,665 00
Deposit	03/16/2015			SCHOLARSHIP			53 Bank of Ben	27 00	1,692 00
Check	05/27/2015	31789	DANIELLE NOLAN	SCHOLARSHIP			53 Bank of Ben	-500 00	1,192 00
Total 606 Scholarship Fund									
Total Line 11-Other Donations R'ced									
Total FED FORM 990 PART VIII									
Total Income									
Gross Profit									
Expense									
FED FORM 990 PART IX									
Line 1-Grants & Charities									
823 - CHARITY TO GROUPS									
Check	06/04/2014	30631	BENNINGTON FIRE D	DONATION - B			53 Bank of Ben	150 00	150 00
Check	06/07/2014	30613	ALZHEIMER'S FUND	CONVENTION -			53 Bank of Ben	100 00	250 00
Check	06/07/2014	30612	MEMORIAL FOUNDATI	CONVENTION			53 Bank of Ben	100 00	350 00
Check	06/18/2014	30682	CATAMOUNT WRESTL	DONATION			53 Bank of Ben	100 00	450 00
Check	07/09/2014	30733	AIDS PROJECT OF SO	DONATION			53 Bank of Ben	25 00	475 00
Check	07/09/2014	30734	UCS OF BENNINGTON	DONATION			53 Bank of Ben	25 00	500 00
Check	07/23/2014	30782	MAYAA FOOTBALL PR	DONATION - E			53 Bank of Ben	450 00	950 00
Check	07/23/2014	30783	MAU FOOTBALL	DONATION - AD			53 Bank of Ben	50 00	1,000 00
Check	07/23/2014	30784	BENNINGTON LIONS	DONATION - 1/			53 Bank of Ben	80 00	1,080 00
Check	07/28/2014	30788	BENN COUNTY BABE	DONATION			53 Bank of Ben	200 00	1,280 00
Check	07/30/2014	30804	DISABLED AMERICAN	DONATION			53 Bank of Ben	25 00	1,305 00
Check	09/10/2014	30926	MAU PATRIOT LEDGER	1/4 PAGE AD			53 Bank of Ben	60 00	1,365 00
Check	09/10/2014	30927	NORSHAFT LIONS CL	DONATION-OK			53 Bank of Ben	50 00	1,415 00
Check	09/10/2014	30928	SECOND CHANCE ANI	DONATION			53 Bank of Ben	50.00	1,465 00

1861
Profit & Loss Detail
June 2014 through May 2015

10:26 AM
06/04/15
Accrual Basis

Type	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Check	09/10/2014	30929	F. O. E. AERIE #2445	AD BOOK			53 Bank of Ben	60 00	1,525 00
Check	09/20/2014	30953	CAMP TA-KUM-TA	DONATION - S			53 Bank of Ben	100 00	1,625 00
Check	10/08/2014	31010	WOHRLE'S FOODS INC	DONATION - B			53 Bank of Ben	23 50	1,648 50
Check	10/08/2014	31016	BENNINGTON COALIT	DONATION			53 Bank of Ben	100 00	1,748 50
Check	10/08/2014	31017	SCHOOL OF SACRED	DONATION - H			53 Bank of Ben	50 00	1,798 50
Check	10/08/2014	31018	MOUNT ANTHONY WR	DONATION			53 Bank of Ben	100 00	1,898 50
Check	10/08/2014	31019	BROC	DONATION			53 Bank of Ben	100 00	1,998 50
Check	10/08/2014	31020	MT ANTHONY UNION	DONATION			53 Bank of Ben	100 00	2,098 50
Deposit	10/09/2014			DONATION BE			53 Bank of Ben	-400 00	1,698 50
Deposit	10/09/2014			DONATION DA			53 Bank of Ben	16 01	1,714 51
Check	10/11/2014	31024	DANIELLE NOLAN	DONATION-NIC			53 Bank of Ben	400 00	2,114 51
Check	10/22/2014	31067	MAU BOYS BASKETB	DONATION			53 Bank of Ben	100 00	2,214 51
Check	11/05/2014	31112	MAU LADY PATRIOT B	DONATION			53 Bank of Ben	150 00	2,364 51
Check	11/19/2014	31152	NINO'S EQUIPMENT, I	THANKSGIVIN			53 Bank of Ben	256 27	2,620 78
Check	11/22/2014	31154	CARIOTO	THANKSGIVIN			53 Bank of Ben	363 50	2,984 28
Check	11/22/2014	31155	REINHART FOODSER	THANKSGIVIN			53 Bank of Ben	3,784 82	6,769 10
Check	11/22/2014	31156	NINO'S EQUIPMENT, I	THANKSGIVIN			53 Bank of Ben	50 44	6,819 54
Deposit	11/23/2014			THANKSGIVIN			53 Bank of Ben	9 90	6,829 44
Deposit	11/25/2014			THANKSGIVIN			53 Bank of Ben	33 47	6,862 91
Deposit	11/26/2014			THANKSGIVIN			53 Bank of Ben	29 98	6,892 89
Check	12/17/2014	31255	MAU BASEBALL	DONATION			53 Bank of Ben	150 00	7,042 89
Check	12/17/2014	31256	VT VFW AUXILIARY	DONATION			53 Bank of Ben	100 00	7,142 89
Check	12/17/2014	31257	CARE NET Pregnancy	DONATION			53 Bank of Ben	50 00	7,192 89
Check	12/17/2014	31258	BENNINGTON COUNT	DONATION			53 Bank of Ben	100 00	7,292 89
Check	01/07/2015	31321	VERMONT ASSOCIATI	DONATION			53 Bank of Ben	50 00	7,342 89
Check	01/07/2015	31325	BENNINGTON PROJE	DONATION			53 Bank of Ben	150 00	7,492 89
Check	01/24/2015	ELEC	PRICE CHOPPER	DONATION TO			53 Bank of Ben	105 95	7,598 84
Check	02/18/2015	31446	VERMONT STATE F.O.	EAGOLA RAFF			53 Bank of Ben	50 00	7,648 84
Check	02/18/2015	31450	F O E #4547	DONATION			53 Bank of Ben	50 00	7,698 84
Check	02/18/2015	31451	VERMONT SHERIFF	DONATION			53 Bank of Ben	35 00	7,733 84
Check	03/04/2015	31497	BIG BROTHERS BIG S	DONATION			53 Bank of Ben	100 00	7,833 84
Check	03/18/2015	31542	TOWN OF BENNINGT	DONATION - B			53 Bank of Ben	100 00	7,933 84
Check	04/08/2015	31599	VIETNAM VETERANS	DONATION			53 Bank of Ben	150 00	8,083 84
Check	04/08/2015	31600	BKVR (BATTEN KILL V	DONATION			53 Bank of Ben	100 00	8,183 84
Check	04/08/2015	31601	STATE LINE CAR CLUB	DONATION			53 Bank of Ben	100 00	8,283 84
Check	04/08/2015	31602	MAUMS BASEBALL	DONATION			53 Bank of Ben	600 00	8,883 84
Check	04/08/2015	31603	BENNINGTON FIRE D	DONATION - B			53 Bank of Ben	150 00	9,033 84
Check	04/22/2015	31653	TIM & SHANNON SMITH	DONATION - D			53 Bank of Ben	500 00	9,533 84
Check	04/22/2015	31654	MOUNT ANTHONY UNI	DONATION - M			53 Bank of Ben	150 00	9,683 84
Check	04/22/2015	31655	CATHEDRAL OF THE	DONATION			53 Bank of Ben	100 00	9,783 84
Check	04/29/2015	31680	WOHRLE'S FOODS INC	BENEFIT DINN			53 Bank of Ben	54 54	9,838 38
Check	05/06/2015	31699	GIRLS ON THE RUN V	DONATION - P			53 Bank of Ben	100 00	9,938 38
Check	05/06/2015	31701	WOHRLE'S FOODS INC	BENEFIT DINN			53 Bank of Ben	227 31	10,165 69
Deposit	05/19/2015			DONATION RA			53 Bank of Ben	104 00	10,269 69
Deposit	05/19/2015			DONATION RA			53 Bank of Ben	17 90	10,287 59
Check	05/20/2015	31752	BENNINGTON MUSEUM	DONATION - A			53 Bank of Ben	100 00	10,387 59
Check	05/27/2015	31779	ART EHRMEN CANCE	DONATION - C			53 Bank of Ben	100 00	10,487 59
Check	05/27/2015	31780	MAX BAER HEART FU	DONATION - C			53 Bank of Ben	100 00	10,587 59
Check	05/27/2015	31781	CHILD ABUSE FUND	DONATION - C			53 Bank of Ben	100 00	10,687 59
Check	05/27/2015	31782	PARKINSONS DISEAS	DONATION - C			53 Bank of Ben	100 00	10,787 59

1861
Profit & Loss Detail
June 2014 through May 2015

10 26 AM
06/04/15
Accrual Basis

Type	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Check	05/27/2015	31783	DIABETES FUND	DONATION - C			53 Bank of Ben	100 00	10,887 59
Check	05/27/2015	31784	LEW REED SPINAL C.	DONATION - C			53 Bank of Ben	100 00	10,987 59
Check	05/27/2015	31785	KIDNEY FUND	DONATION - C			53 Bank of Ben	100 00	11,087 59
Check	05/27/2015	31786	EAGLE VILLAGE	DONATION - C			53 Bank of Ben	100 00	11,187 59
Check	05/27/2015	31787	GOLDEN EAGLE FUND	DONATION - C			53 Bank of Ben	100 00	11,287 59
Check	05/27/2015	31788	JIMMY DURANTE CHIL	DONATION - C			53 Bank of Ben	100 00	11,387 59
Total 823 CHARITY TO GROUPS									11,387 59
Total Line 1-Grants & Charities									11,387 59
Line 4-Benefits to Members									
832 ENTERTAINMENT									
Check	06/11/2014	30651	STEVE'S KARAOKE	KARAOKE - EN			53 Bank of Ben	300 00	300.00
Check	07/23/2014	30785	STEVE'S KARAOKE	KARAOKE - EN			53 Bank of Ben	300 00	600 00
Check	08/13/2014	30842	RICKY & DARLENE LA	ENTERTAINME			53 Bank of Ben	250 00	850 00
Check	09/17/2014	30943	RICKY & DARLENE LA	ENTERTAINME			53 Bank of Ben	250 00	1,100 00
Check	10/29/2014	31088	NICKI SKIPPER	ENTERTAINME			53 Bank of Ben	500 00	1,600 00
Check	10/29/2014	31089	SCOTT SWEET	MAINTENANCE			53 Bank of Ben	33 00	1,633 00
Check	12/17/2014	31253	STEVE'S KARAOKE	KARAOKE - EN			53 Bank of Ben	300 00	1,933 00
Check	12/17/2014	31259	EDWARD RANSOM	ENTERTAINME			53 Bank of Ben	400 00	2,333 00
Check	02/11/2015	31426	EDDIE RANSOM	VALENTINE'S			53 Bank of Ben	350 00	2,683 00
Deposit	02/13/2015			VALENTINES D			53 Bank of Ben	12 00	2,695 00
Deposit	03/15/2015			STEVE'S KARA			53 Bank of Ben	300 00	2,995 00
Check	04/15/2015	31632	STEVE'S KARAOKE	KARAOKE - EN			53 Bank of Ben	300 00	3,295 00
Check	04/29/2015	31684	STEVE'S KARAOKE	KARAOKE - EN			53 Bank of Ben	300 00	3,595 00
Total 832 ENTERTAINMENT									3,595 00
861 AWARDS									
Check	05/10/2015	31711	TOMASI'S SPORTS &	PLAQUES FOR			53 Bank of Ben	44 94	44 94
Total 861 AWARDS									44 94
878 BENEFITS PAID FORTO MEMBERS									
Check	06/04/2014	30626	G HOUSEN	INVOICE #1767			53 Bank of Ben		0 00
Check	06/04/2014	30627	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		0 00
Check	06/04/2014	30635	KIMBERLY SWEET	TICKET COUN			53 Bank of Ben	57 53	57 53
Check	06/07/2014	30610	KIMBERLY SWEET	TICKET COUN			53 Bank of Ben	8 04	65 57
Check	06/11/2014	30650	G HOUSEN	INVOICE #1785			53 Bank of Ben		65 57
Check	06/11/2014	30656	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		65 57
Check	06/14/2014	30662	KIMBERLY SWEET	TICKET COUN			53 Bank of Ben	22 08	87 65
Deposit	06/14/2014			AUX DUES IN E			53 Bank of Ben	-21 00	66 65
Check	06/18/2014	30672	G HOUSEN	INVOICE #1788			53 Bank of Ben		66 65
Check	06/18/2014	30673	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		66 65
Check	06/18/2014	30681	F O E 1861 AUXILIARY	AUX DUES REI			53 Bank of Ben	21 00	87 65
Check	06/25/2014	30690	KIMBERLY SWEET	TICKET COUN			53 Bank of Ben	41 44	129 09
Check	06/25/2014	30692	G HOUSEN	INVOICE #1806			53 Bank of Ben		129 09
Check	06/25/2014	30693	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben	251 59	380 68
Check	07/02/2014	30709	G HOUSEN	INVOICE #1811			53 Bank of Ben		380 68
Check	07/02/2014	30710	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben	19 34	400 02
Check	07/05/2014	ELEC	WAL-MART	NOTEBOOKS &			53 Bank of Ben	40 18	440 20
Check	07/05/2014	30715	KIMBERLY SWEET	TICKET COUN			53 Bank of Ben		

1861
Profit & Loss Detail
June 2014 through May 2015

10 26 AM
06/04/15
Accrual Basis

Type	Date	Numb	Name	Memo	Class	Clr	Split	Amount	Balance
Check	07/09/2014	30727	G HOUSEN	INVOICE #1821			53 Bank of Ben		440 20
Check	07/09/2014	30728	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		440 20
Check	07/16/2014	30748	G HOUSEN	INVOICE #1839			53 Bank of Ben		440 20
Check	07/16/2014	30749	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		440 20
Check	07/20/2014	30763	KIMBERLY SWEET	TICKET COUN			53 Bank of Ben		440 20
Check	07/23/2014	30777	G HOUSEN	INVOICE #1845			53 Bank of Ben	42 19	482 39
Check	07/23/2014	30778	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		482 39
Check	07/26/2014	30787	AMOLS SPECIALTY INC	ACCT #001853			53 Bank of Ben		482 39
Check	07/30/2014	30798	G HOUSEN	INVOICE #1855			53 Bank of Ben	131 29	613 68
Check	07/30/2014	30799	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		613 68
Check	07/30/2014	30803	KIMBERLY SWEET	TICKET COUN			53 Bank of Ben		613 68
Check	08/03/2014	30817	PRICE CHOPPER	PRESIDENTS			53 Bank of Ben	73 27	686 95
Check	08/06/2014	30819	G HOUSEN	INVOICE #1866			53 Bank of Ben	423 80	1,110 75
Check	08/06/2014	30839	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		1,110 75
Check	08/13/2014	30840	G HOUSEN	INVOICE #1877			53 Bank of Ben		1,110 75
Check	08/13/2014	30847	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		1,110 75
Check	08/13/2014	30847	KIMBERLY SWEET	TICKET COUN			53 Bank of Ben	39 24	1,149 99
Deposit	08/18/2014			BATTLE DAY PO			53 Bank of Ben	17 49	1,167 48
Check	08/20/2014	30860	G HOUSEN	INVOICE #1887			53 Bank of Ben		1,167 48
Check	08/20/2014	30861	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		1,167 48
Check	08/27/2014	30886	G HOUSEN	INVOICE #1898			53 Bank of Ben		1,167 48
Check	08/27/2014	30887	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		1,167 48
Check	09/03/2014	30903	G HOUSEN	INVOICE #1909			53 Bank of Ben		1,167 48
Check	09/03/2014	30904	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		1,167 48
Check	09/06/2014	30908	KIMBERLY SWEET	TICKET COUN			53 Bank of Ben	26 35	1,193 83
Check	09/10/2014	30921	G HOUSEN	INVOICE #			53 Bank of Ben		1,193 83
Check	09/10/2014	30922	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		1,193 83
Check	09/17/2014	30938	KIMBERLY SWEET	TICKET COUN			53 Bank of Ben	36 20	1,230 03
Check	09/17/2014	30940	G HOUSEN	INVOICE #1931			53 Bank of Ben		1,230 03
Check	09/17/2014	30941	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		1,230 03
Check	09/20/2014	ELEC	CHOCOLATE BARN	STATE PRESID			53 Bank of Ben	65 05	1,295 08
Check	09/20/2014	ELEC	HANNAFORD SUPER	STATE PRESID			53 Bank of Ben	29 98	1,325 06
Check	09/20/2014	ELEC	PARADISE MOTOR INN	STATE PRES R			53 Bank of Ben	305.20	1,630 26
Check	09/24/2014	30964	G HOUSEN	INVOICE #1941			53 Bank of Ben		1,630 26
Check	09/24/2014	30965	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		1,630 26
Deposit	09/26/2014			HALLOWEEN D			53 Bank of Ben	12 72	1,642 98
Check	10/01/2014	30983	G HOUSEN	INVOICE #			53 Bank of Ben		1,642 98
Check	10/01/2014	30984	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		1,642 98
Check	10/04/2014	30996	PRICE CHOPPER	SNACKS			53 Bank of Ben	54 40	1,697 38
Check	10/04/2014	30997	KIMBERLY SWEET	TICKET COUN			53 Bank of Ben	23 72	1,721 10
Check	10/08/2014	31008	G HOUSEN	INVOICE #			53 Bank of Ben		1,721 10
Check	10/08/2014	31009	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		1,721 10
Deposit	10/13/2014			WING BASKET			53 Bank of Ben	10 60	1,731 70
Check	10/15/2014	31037	KIMBERLY SWEET	TICKET COUN			53 Bank of Ben	64 17	1,795 87
Check	10/15/2014	31039	G HOUSEN	INVOICE #1982			53 Bank of Ben		1,795 87
Check	10/15/2014	31040	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		1,795 87
Deposit	10/17/2014			HALLOWEEN D			53 Bank of Ben	15 89	1,811 76
Check	10/19/2014	E-file	CHRISTMAS TREE SH	WING BASKETS			53 Bank of Ben	15 12	1,826 88
Check	10/22/2014	31058	G HOUSEN	INVOICE #1993			53 Bank of Ben		1,826 88
Check	10/22/2014	31059	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		1,826 88

1861
Profit & Loss Detail
June 2014 through May 2015

10:26 AM
06/04/15
Accrual Basis

Type	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Check	10/26/2014	31069	VOID	MILEAGE REIM		X	53 Bank of Ben	0 00	1,826 88
Check	10/26/2014	31073	BRUSO, LUCILLE	MILEAGE REIM			53 Bank of Ben	80 00	1,906 88
Deposit	10/26/2014			AUX REIMBUR			53 Bank of Ben	-180 00	1,726 88
Deposit	10/28/2014			OVERAGE ON			53 Bank of Ben	-17 75	1,709 13
Check	10/29/2014	31084	G HOUSEN	INVOICE #2003			53 Bank of Ben		1,709 13
Check	10/29/2014	31085	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		1,709 13
Deposit	10/31/2014			HALLOWEEN PO			53 Bank of Ben	36 99	1,746 12
Deposit	10/31/2014			HALLOWEEN C			53 Bank of Ben	225 00	1,971 12
Deposit	11/02/2014			SECURITY STE			53 Bank of Ben	66 50	2,037 62
Check	11/03/2014			TICKET COUN			53 Bank of Ben	59 50	2,097 12
Check	11/05/2014	31093	JESSE KING	INVOICE #2014			53 Bank of Ben	46 21	2,143 33
Check	11/05/2014	31094	KIMBERLY SWEET	LIQUOR			53 Bank of Ben		2,143 33
Check	11/05/2014	31107	G HOUSEN	INVOICE #2036			53 Bank of Ben		2,143 33
Check	11/05/2014	31108	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		2,143 33
Check	11/12/2014	31124	G HOUSEN	INVOICE #2048			53 Bank of Ben		2,143 33
Check	11/12/2014	31125	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		2,143 33
Check	11/12/2014	31144	G HOUSEN	LIQUOR			53 Bank of Ben		2,143 33
Check	11/19/2014	31145	NEXT DOOR BEER &	TICKET COUN			53 Bank of Ben	25 53	2,168 86
Check	11/19/2014	31150	KIMBERLY SWEET	THANKSGIVIN			53 Bank of Ben	14 84	2,183 70
Deposit	11/22/2014	31157	KIMBERLY SWEET	TICKET COUN			53 Bank of Ben	25 54	2,209 24
Check	11/24/2014			THANKSGIVIN			53 Bank of Ben	21 68	2,230 92
Deposit	11/26/2014	31175	G HOUSEN	INVOICE #2051			53 Bank of Ben		2,230 92
Check	11/26/2014	31176	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		2,230 92
Check	12/04/2014	31181	NEXT DOOR BEER &	LIQUOR			53 Bank of Ben		2,230 92
Check	12/04/2014	31194	G HOUSEN	INVOICE #2061			53 Bank of Ben	13 65	2,244 57
Deposit	12/04/2014			RAFFLE TICKE			53 Bank of Ben		2,244 57
Check	12/11/2014	31216	G HOUSEN	INVOICE #2073			53 Bank of Ben	150 00	2,394 57
Check	12/11/2014	31221	TRAVIS, BRUCE	CHRISTMAS B			53 Bank of Ben	150 00	2,544 57
Check	12/11/2014	31222	WHEAT, CORY D	CHRISTMAS B			53 Bank of Ben	150 00	2,694 57
Check	12/11/2014	31223	KING, JESSE H	CHRISTMAS B			53 Bank of Ben	150 00	2,844 57
Check	12/11/2014	31224	CONE, JAMES	CHRISTMAS B			53 Bank of Ben	150 00	2,994 57
Check	12/11/2014	31225	BRANDALIK, MAXINE	CHRISTMAS B			53 Bank of Ben	150 00	3,144 57
Check	12/11/2014	31226	ELLIOTT, MELODY M	CHRISTMAS B			53 Bank of Ben	150 00	3,294 57
Check	12/11/2014	31227	CROSS, SHERYL L	CHRISTMAS B			53 Bank of Ben	150 00	3,444 57
Check	12/11/2014	31228	KIMBERLY SWEET	CHRISTMAS B			53 Bank of Ben	150 00	3,594 57
Check	12/11/2014	31229	BRUSO, LUCILLE	CHRISTMAS B			53 Bank of Ben	30 60	3,625 17
Deposit	12/12/2014			XMAS DECORA			53 Bank of Ben	271 76	3,896 93
Check	12/14/2014	ELEC	DOLLAR GENERAL	KIDS XMAS PA			53 Bank of Ben		3,896 93
Check	12/17/2014	31241	G HOUSEN	INVOICE #2092			53 Bank of Ben	61 48	3,958 41
Check	12/17/2014	31244	GIFT GARDEN	DEATH BENEF			53 Bank of Ben	10 88	3,969 29
Deposit	12/17/2014			KIDS XMAS PA			53 Bank of Ben	215 71	4,185 00
Check	12/20/2014	ELEC	DOLLAR GENERAL	KIDS XMAS PA			53 Bank of Ben	35 00	4,220 00
Deposit	12/20/2014			KIDS XMAS PA			53 Bank of Ben	47 29	4,267 29
Check	12/22/2014	31264	KIMBERLY SWEET	TICKET COUN			53 Bank of Ben		4,267 29
Check	12/24/2014	31276	G HOUSEN	INVOICE #2096			53 Bank of Ben	43 88	4,311 17
Check	12/26/2014			DARTS PO TO			53 Bank of Ben		4,311 17
Deposit	12/30/2014	31294	G HOUSEN	INVOICE #2107			53 Bank of Ben	26 96	4,338 13
Check	01/04/2015	31300	KIMBERLY SWEET	TICKET COUN			53 Bank of Ben		4,338 13
Check	01/07/2015	31304	G HOUSEN	INVOICE #2117			53 Bank of Ben	312 00	4,650 13
Check	01/07/2015	ELEC	CARDS DIRECT	SYMPATHY &			53 Bank of Ben		

1861
Profit & Loss Detail
June 2014 through May 2015

10:26 AM
06/04/15
Accrual Basis

Type	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Check	01/14/2015	31337	G HOUSEN	INVOICE #2128			53 Bank of Ben		4,650.13
Check	01/14/2015	31344	BENNINGTON BANNER	ACCT #123700			53 Bank of Ben	339 79	4,989 92
Check	01/21/2015	31362	G HOUSEN	INVOICE #2139			53 Bank of Ben		4,989 92
Check	01/28/2015	31382	G HOUSEN	INVOICE #2150			53 Bank of Ben		4,989 92
Deposit	02/02/2015			VALENTINE'S			53 Bank of Ben.	5 30	4,995 22
Check	02/04/2015	31402	G HOUSEN	INVOICE #2161			53 Bank of Ben		4,995 22
Check	02/11/2015	31420	G HOUSEN	INVOICE #2172			53 Bank of Ben		4,995 22
Deposit	02/14/2015			CARDS FOR T.			53 Bank of Ben	40 00	5,035 22
Check	02/18/2015	31437	G HOUSEN	INVOICE #2187			53 Bank of Ben		5,035 22
Check	02/18/2015	31445	KIMBERLY SWEET	TICKET COUN			53 Bank of Ben	17 94	5,053 16
Deposit	02/19/2015			REFUND ON C			53 Bank of Ben	-15 00	5,038 16
Deposit	02/21/2015			RAFFLE TICKE			53 Bank of Ben	11.65	5,049 81
Check	02/25/2015	31462	G HOUSEN	INVOICE #2198			53 Bank of Ben		5,049 81
Check	02/25/2015	31470	SCOTT SWEET II	TICKET COUN.			53 Bank of Ben	126 38	5,176 19
Deposit	02/25/2015			OVERAGE IN N			53 Bank of Ben	-5 00	5,171 19
Check	03/04/2015	31490	G HOUSEN	INVOICE #2209			53 Bank of Ben		5,171 19
Check	03/11/2015	31513	G HOUSEN	INVOICE #2220			53 Bank of Ben	32 53	5,203 72
Check	03/14/2015	31523	SCOTT SWEET II	TICKET COUN			53 Bank of Ben	54 00	5,257 72
Deposit	03/14/2015			SECURITY PO			53 Bank of Ben	10 55	5,268 27
Deposit	03/16/2015			EASTER DECO			53 Bank of Ben		5,268 27
Check	03/18/2015	31533	G HOUSEN	INVOICE #2231			53 Bank of Ben		5,268 27
Check	03/25/2015	31557	G HOUSEN	INVOICE #2242			53 Bank of Ben	50 00	5,318 27
Check	03/25/2015	31565	BJ'S WHOLESale CL	MEMBERSHIP			53 Bank of Ben	1,569.60	6,887.87
Check	03/25/2015	ELEC	CATAMONT MOTEL	CONVENTION			53 Bank of Ben		6,887.87
Check	04/01/2015	31576	G HOUSEN	INVOICE #2254			53 Bank of Ben		6,887.87
Check	04/08/2015	31595	G HOUSEN	INVOICE #2265			53 Bank of Ben	1,200 00	8,087 87
Check	04/08/2015	31609	CASH	BANK FOR LAS			53 Bank of Ben	27 28	8,115 15
Check	04/08/2015	ELEC	WAL-MART	RAFFLE TICKE			53 Bank of Ben	140 00	8,255 15
Check	04/10/2015	31610	THOMAS TJ RIPLEY	TABLE REIMBU			53 Bank of Ben		8,255 15
Check	04/15/2015	31623	G HOUSEN	INVOICE #2276			53 Bank of Ben		8,255 15
Check	04/15/2015	31633	SCOTT SWEET II	TICKET COUN			53 Bank of Ben	42 35	8,297 50
Check	04/22/2015	31648	G HOUSEN	INVOICE #2287			53 Bank of Ben		8,297 50
Deposit	04/25/2015			REMPAYMENT			53 Bank of Ben	-1,569 60	6,727 90
Check	04/29/2015	31675	G HOUSEN	INVOICE #2309.			53 Bank of Ben		6,727 90
Check	05/02/2015	31685	GEORGE N HARRING	ELECTION			53 Bank of Ben	50 00	6,777 90
Check	05/02/2015	31686	JAMES KING	ELECTIONS			53 Bank of Ben	50 00	6,827 90
Check	05/03/2015	ELEC	WALMART	COASTER BOT			53 Bank of Ben	15 71	6,843 61
Deposit	05/09/2015			AUX DUES IN E			53 Bank of Ben	-20 00	6,823 61
Check	05/10/2015	31704	F O E 1861 AUXILIARY	DUES IN ERRO			53 Bank of Ben	20 00	6,843 61
Check	05/10/2015	31706	SCOTT SWEET II	TICKET COUN			53 Bank of Ben	36 60	6,880 21
Check	05/13/2015	31722	G HOUSEN	INVOICE #2321			53 Bank of Ben		6,880 21
Check	05/17/2015	31734	SCOTT SWEET II	TICKET COUN.			53 Bank of Ben.	47 16	6,927 37
Check	05/20/2015	31747	G HOUSEN	INVOICE #2332			53 Bank of Ben..		6,927 37
Check	05/20/2015	31753	CRAE PRINTING & MA	SHIRTS			53 Bank of Ben	214 15	7,141 52
Check	05/27/2015			INVOICE #2360			53 Bank of Ben		7,141 52
Deposit	05/30/2015	31772	G HOUSEN	AUX DUES IN E			53 Bank of Ben	-20 00	7,121 52

Total 878 BENEFITS PAID FOR/TO MEMBERS

Total Line 4-Benefits to Members

10:26 AM
06/04/15
Accrual Basis

1861

Profit & Loss Detail
June 2014 through May 2015

Type	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Total FED FORM 990 PART IX									
Total Expense								22,149.05	22,149.05
								22,149.05	22,149.05
Net Income								-20,331.05	-20,331.05