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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2014

**Open to Public** 

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Department of the Treasury

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. Inspection ► Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2014 calendar year, or tax year beginning 2014, and ending 20 15 June 1 D Employer identification number C Name of organization Langdon Fraturnal Order of Eagles 3454 Check if applicable. Doing business as Langdon Eagles 45-0315912 Address change E Telephone number Number and street (or P O. box if mail is not delivered to street address) Room/suite Name change initial return 723 3rd Street 701-256-3300 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Amended return Langdon, ND 58249 H(a) Is this a group return for subordinates? Yes V No F Name and address of principal officer. Application pending H(b) Are all subordinates included? ✓ Yes \ No If "No," attach a list. (see instructions) Tax-exempt status 501(c)(3) **✓** 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or Website: ▶ H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🔲 Trust Association ☐ Other ► L Year of formation M State of legal domicile ND 1972 Briefly describe the organization's mission or most significant activities: Our mission is to provide our members with a place for fraternization and to help individuals and groups in our area with financial grants whenever possible. Our main focusues are students scholarships, youth sporting activities and other activities and supporting local individuals, organization, and groups. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 743 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2014 (Part V. line 2a) 5 20 6 100 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 8 Contributions and grants (Part VIII, line 1h). 14620 14860 9 Program service revenue (Part VIII, line 2g) 118808 127299 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

Other revenue (Part VIII, column (A), lines 5, led, ec. 9c, 10c, and 11e) 10 1390 1093 11 267715 246716 12 Total revenue—add lines 8 through 11 (must equal Part VIII, bolumn (A), line 12) 402533 389968 13 Grants and similar amounts paid (Part IX, column(A), lines 1-3). 73750 60265 Benefits paid to or for members (Part IX, column IA)-time 4) 14 3500 903 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 160240 148562 16a Professional fundraising fees (Part IX, column (A), line 11e) n Total fundraising expenses (Part IX\_column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 80486 95882 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 317976 305612 19/ Revenue less expenses. Subtract line 18 from line 12 84557 84356 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 464316 485196 21 Total liabilities (Part X, line 26) . . . . . . 5715 6500 22 Net assets or fund balances. Subtract line 21 from line 20 478696 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying, schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declarat on of preparer (other than officer) is be ed on all informa preparer has any knowledge non of which Sign Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature PTIN Paid Check I if self-employed ROXANNE HOFFARTH Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ]Yes ∏ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

Cat. No. 11282Y

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

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**Open to Public** Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number

LANGDON FRATERNAL ORDER OF EAGLES AERIE 3454	45-0315912
Part III 2. Our organization focuses on donating to families with a member who has a very serious or te	rminal illness. More funds were given
to charter members of our club and Aerie members. Individuals with no connection to our organization	were also served in some manner.
We also aided those with losses to fire or other natural disaster. (page 2)	
Part III 4d. Other program services include aid to libraries, 4H, school projects outside the curriculum,	Christmas funds for the needy, etc. It
is very difficult to categorize all the entities we donate to. Our Attorney General's office spells out who	we can donate to and what
organizations we can't donate to. We must follow these guidelines for charitable donations or the dona	
budget. (page 2)	RECEIVED
Part VI Section B 11b We follow the constitution of our Grand Aerie. At our regular meetings, we public	
could, eventually, have the concern of our members. (page 6)	OGDEN, UT
Part IV Section B 12c This situation is carefully monitored as we have officers who are employed by va	arious construction entities which
may bid on a particular project of our club. We carefully scrutinize all bid letting and actions. (page 6)	
Part IV Section C 19 Our organizations governing documents, conflict of interest policy, and financial s	statements are all open records.
They are frequently displayed and/or discussed at our general membership meetings. The documents in	may be viewed at any time through
the contacting of an officer. (page 6)	
Part VII A Our organization gives a stipend to the executive of the club with no Social Security, Medicar	re,, etc. taken out. Our officers' tenure
is for one year. At the end of the year, they receive the stipend. The person listed as manager is compe	
managerial duties - \$39752. The secretary is compensated \$5291 for his duties throughout the term. (page 1)	age 7)