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990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

<u>A</u>	For the	2014 calend	ar year, or tax year beginn	ing		06-0)1	, 2014, and e	nding		05-	31 , 20 15
В	Check if a	app/cable	C Name of organization FRATE	RNAL ORDER	OF EAGL	ES					D	Employer identification no.
	Address	change	Doing business as AERIE	4101							8	35-0328711
	Name ch	ange	Number and street (or PO box	if mail is not delivered	to street address	s)			Room/su	ııte	E	Telephone number
	Initial retu	urn	471 24TH STREET						İ		- 1 ((575) 437-1302
	Final retu	rn/terminated	City or town, state or province, of	country, and ZIP or fore	ign postal code							3,280,754
	Amended	i return	Alamogordo, NM	88310	•						G	Gross receipts\$
\Box	Application	on pending	F Name and address of principal of		ıeras							
			152 Dog Rance R	d, La Luz,	NM 88337	,			H(a)	Is this a gro subordinate	up returi	n for Yes X No
	Tax-exem	npt status	501(c)(3) X 501(c)(8)	(insert no)	4947(a)(1)	or 5	527		H(b)	Are all subc	rdinates	
J	Website	► N/A							H(c)	If "No, Group exen	" attach	a list (see instructions)
			Corporation Trust Associ	ciation Other			L Year	r of formation 1	1984	M State		
Pa	irt I	Summar			**							
L	1	Briefly descri	be the organization's missio	n or most significa	nt activities	THE	FOE	S MOTTO	TS "PE	OPLE F	IET.DI	ING PEOPLE"
a)		-	ACCOMPLISH BY COM					· · · · · · · · · · · · · · · · · · ·				ING I BOI EE
Š								<u> </u>	<u> </u>			
Ë			,				-					
Š	2	Check this b	ox ▶ ☐ if the organization of	discontinued its or	perations or o	disposed o	of moi	re than 25% i	of its net a	assets		
Ğ	3		oting members of the govern								з	474
∞5 ∨	4		dependent voting members	•	•						4	474
ij	5		of individuals employed in o								5	
Activities & Governance	6		r of volunteers (estimate if ne	•	•	•					6	39
¥	1		ed business revenue from Pa								7a	150
	- 1		d business taxable income fr		•						7b	0
	 	Not am clate	a business taxable income in	01111 01111 000-1, 1	110 04	-	Contraction of the last			· · ·	''	0
Revenue	8	Contributions	s and grants (Part VIII, line 1	h)		KEC	EI	VED	7	nor Year		Current Year
	- 1		vice revenue (Part VIII, line 2	•	[2]	000		0	 			79,075
	10	-	ncome (Part VIII, column (A)	0,	 	ULT	D' I	2013	'		-+	0
	11	O45	on (Dant) (III) and once (A) the	. 5 0 1 0 - 0 - 40	'		_	5813. [A]			-+	51
	12	Total revenue	de (Paπ VIII, column (A), line e - add lines 8 through 11 (m	uet agual Part VII	L column (A)	OGDE	N		-			589,403
	13		similar amounts paid (Part IX				_	$\frac{2}{2}$				668,529
	14		I to or for members (Part IX,		•			-				0
	15		er compensation, employee									0
ės	162		fundraising fees (Part IX, co	•	, ,	,	•					229,283
Expenses	100		sing expenses (Part IX, colui	• • •	•		• •				+	0
Ž	17		ses (Part IX, column (A), line								┷	
ш	18	=	es Add lines 13-17 (must e	•	-,		• •					330,820
	19		s expenses Subtract line 18				• •				+	560,103
_		revenue les	s expenses Subtract line to	S II OIII III IE 12 -			<u>··</u>					108,426
t Assets or	일 20	Total accets	(Part X, line 16)					-		of Current		End of Year
SSe	E 21		s (Part X, line 26)				• •	}		1,029,		1,097,951
Net	E 22		r fund balances Subtract lin				• •	}			123	23,933
	ırt II		re Block	le 21 ironi line 20		• • • • •	<u>··</u>		 -	1,023,	169	1,074,018
		<u>_</u>	are that I have examined this return,	including accompanyi	nn schedules an	d statements	end t	to the best of my l	knowledge s	and belief it i		
true,	correct, a	nd complete Dec	aration of preverer (other than office	er) is based on all inforr	nation of which p	preparer has	any kn	nowledge	W.Owicago E		3	
		· ~	WANT -								Q	-21-15
Sig	ın	Signatur	re for officer								Date	71-13
He		7.00									Date	
	. •		Lueras, President print name and title									
		<u> </u>	<u> </u>				Date			177		
Pai	id	'' '		Preparer's signature	nooth				- 1	Check X	if PT	
_	epare:		Moorhead				ρ9-	15-2015		elf-employed		P00176843
	e Only			Business Se	rvices				Firm's El		22	28
J	o om	y Firm's addres							Phone n		_	
<u></u>	the ID	C diagnis - 45 -	Mesilla N									9-2494
May	the IRS	o discuss this	return with the preparer sho	wn above? (see ir	istructions)		• •	<u> </u>		<u></u>		· · 🛛 Yes 🗌 No

SCANNED OFT 17 7 7095

	990 (2014) FRATERNAL ORDER OF EAGLES 85-0328711 Page 2 rt III Statement of Program Service Accomplishments
rai	
	*Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	THE FOES MOTTO IS "PEOPLE HELPING PEOPLE" WHICH WE ACCOMPLISH BY CONTRIBUTING TO LOCAL AND
	NATIONAL CHARITIES
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services? Yes X No
	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 \$)
	/ (Expenses +
	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	•
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses

Part IV

4) FRATERNAL ORDER OF EAGLES
Checklist of Required Schedules 85-0328711

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1_		_X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
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 98-197 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		1	
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
b	· ·			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	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		X
d				١
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		3.7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		.,
	Schedule D, Parts XI and XII	12a		Х
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	401		1,7
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	bid the diganization maintain an onice, employees, or agents estated entire entires	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	446		v
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15	į	v
46	for any foldigit organization. It is too, complete contestion, and it is the first organization.	13		. X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		<u>Λ</u>
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''	-	
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	- "		
19	If "Yes," complete Schedule G, Part III	19	Х	1
20~	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	- 23	Х
20a b	remaining to the second of the control of	20b		'` <u></u>
	in 100 to line 200, die tre organization attast. a bopy of the addition interior to trib fetality			

Form 990 (2014) FRATERNAL ORDER OF EAGLES

Part IV Checklist of Required Schedules (continued)

L			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	dômestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	
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 29 If "Yes," complete Schedule I, Parts I and III	22	Χ	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	vear, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	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? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		L
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI · · · · · · · · · · · · · · · · · ·	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2014) FRATERNAL ORDER OF EAGLES

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
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 39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Χ	
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	Χ	
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		Χ
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		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	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		Χ
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).			
а	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		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
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		X
9	Sponsoring organizations maintaining donor advised funds.	0-		v
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		Λ
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 474 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 1b Enter the number of voting members included in line 1a, above, who are independent 474 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? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members. 7h stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Χ Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a 10a Did the organization have local chapters, branches, or affiliates? 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? 10h 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Χ 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 Χ 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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 FOE Aerie 4101 (575) 437-1302, 471 24th Street, Alamogordo, NM 88310

Form	aan	(2014)	

FRATERNAL ORDER OF EAGLES

85-0328711

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section'A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(C) Position (B) (D) (E) (F) (A) (do not check more than one Reportable Average Reportable Estimated Name and Title box, unless person is both an compensation compensation from amount of hours per officer and a director/trustee) related other week (list anv from hours for the organizations compensation related organization (W-2/1099-MISC) from the Individual nstitutional trustee <ey employee (W-2/1099-MISC) organization organizations below dotted and related organizations line) (1) Lee Lueras X 0 0 President (2) Mattle Cooper Χ 0 0 10,240 Employee (3) Phyllis Dolce X 0 0 Employee 15,074 (4) Donna Gardner 0 44,080 0 General Manager (5) Julie Moya Χ 0 0 Employee 10,260 (6) Carol Nygaard Χ 0 0 Employee 11,700 (7) Judith Thompson X 0 10,600 0 Employee (8) (9) <u>(10)</u>______ (11) (12) (13)_ (14)_

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Form 990 (2014)

(A) Name and title	(B) Average hours per week (list any	box, u	ınless	a dire	tion ore th on is ector/	nan one both an 'trustee)		(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated Imount of other	
	hours for related organizations below dotted (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	OI a	mpensat from the ganizati nd relate ganizatio	e on ed
15)												
16)												
17)				_								
18)				_								
19)												
20)					·							
21)												
22)												
23)												
<u>24)</u>												
25) 	- 				!							
1b Sub-total	ion A · ·						* * *	101,954	0			0
2 Total number of individuals (including but not limited												
reportable compensation from the organization								 .	0		Yes	No
3 Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule.			loye	e, or • •	hig 	hest c	omp • •	ensated		3		X
4 For any individual listed on line 1a, is the sum of re						•						
organization and related organizations greater than individual				-		neaule		or such		4		X
5 Did any person listed on line 1a receive or accrue of			-			_				_		1,,
for services rendered to the organization? If "Yes," Section B. Independent Contractors	complete Sch	eaule .	TOF	sucr	ı pe	rson				5		X
Complete this table for your five highest compensation from the organization. Report compeyear.												
(A) Name and business address								(B) Description of	senuces	C	(C)	
reame and pushings duties:								Description of	UNI FILES	com	pensatio	11
· · · · · · · · · · · · · · · · · · ·												
2 Total number of independent contractors (including received more than \$100,000 of compensation from the contractors).			ose la	sted	abo	ove) w	ho	_ 				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (A) (C) (D) Related or exempt function Unrelated business Revenue excluded from tax under sections 512-514 Total revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a ь 1b 14,368 1c 54,360 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 10,347 Noncash contributions included in lines 1a-1f \$ 79,075 **Business Code** Program Service Revenue 2a f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, Income from investment of tax-exempt bond proceeds 5 (ı) Real (II) Personal 6a Gross rents 3,189 **b** Less rental expenses · · · · c Rental income or (loss) · · · 3,189 3,189 3,189 (i) Securities 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$___ 54,360 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 2,916,562 **b** Less direct expenses b 2,495,470 c Net income or (loss) from gaming activities 421,092 421,092 10a Gross sales of inventory, less returns and allowances a 281,877 **b** Less cost of goods sold b 116,755 c Net income or (loss) from sales of inventory 165,122 165,122 Miscellaneous Revenue **Business Code** 11a b e Total. Add lines 11a-11d

668,529

589,454

Par	t IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other organiz	ations must complete co	olumn (A)	
	Check if Schedule O contains a response or note to ar	y line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			ļ	
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salanes and wages	206,049	206,049		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	23,234	23,234		· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)				
а	Management				
ь	Legal				
С	Accounting	2,300	2,300		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				·
g	Other (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	4,596	4,596		
13	Office expenses · · · · · · · · · · · · · · · · · ·	9,392	9,392		•
14	Information technology		1		
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	68,346	68,346	·	
17	Travel	934	934		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,616	30,616		
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates	9,378	9,378		
22	Depreciation, depletion, and amortization				
23	Insurance	22,708	22,708		
24	Other expenses Itemize expenses not covered			-	·
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	TAXES	32,376	32,376		
b	LICENSES	1,964	1,964		
С	DEPRECIATION	15,439	15,439		
d	CHARITY DONATIONS	132,771	132,771		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	560,103	560,103	0	0
26	Joint costs. Complete this line only if the		-		
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
		ı	i		

fundraising solicitation Check here following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response of note to any line in this Part X	/A)	i i	
			(A)		(B)
			Beginning of year	 	End of year
	1	Cash - non-interest-bearing	149,584	1	229,305
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	-	4	4,890
	5	Loans and other receivables from current and former officers, directors,	w N		
		trustees, key employees, and highest compensated employees	, ,	l <u>.</u> l	
	_	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	
ध	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	20,703	8	17,507
¥	9	Prepaid expenses and deferred charges	= = =	9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 918,695			
	b	Less accumulated depreciation · · · · · · · · · 10b 72,446	859,005	10c	846,249
	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)	1,029,292	16	1,097,951
	17	Accounts payable and accrued expenses	6,123	17	23,933
	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	
ies	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			
Liabilities		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	6,123	26	23,933
v		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
၁င		complete lines 27 through 29, and lines 33 and 34.	,		
<u>a</u>	27	Unrestricted net assets		27	
ĕ	28	Temporarily restricted net assets		28	
ŭ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and			
8		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ret	32	Retained earnings, endowment, accumulated income, or other funds	1,023,169	32	1,074,018
	33	Total net assets or fund balances	1,023,169	33	1,074,018
	34	Total liabilities and net assets/fund balances	1,029,292	34	1,097,951

		85-032	8711	Pr	age 12
Pai	rt XI Reconciliation of Net Assets				
	` Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)			668,5	529
2	Total expenses (must equal Part IX, column (A), line 25)			560,1	L03
3	Revenue less expenses Subtract line 2 from line 1	. 3		108,4	126
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	1,	023,1	L69
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses				
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	1,	131,5	595
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot\Box$
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			İ	
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • • • •	· · 2a	↓	X
	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				
b	Were the organization's financial statements audited by an independent accountant?	• • • • •	· · 2b	₩	X
	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 Doth consolidated and separate basis				
С	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?		· · 2c	↓	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O		İ		
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?		· · 3a	 	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		· · 3b		

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SCHEDULE D (Form 990)

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.

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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	ATERNAL ORDER OF EAGLES	
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accou	nts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
7	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	
_	tando and the organization of property,	· · · · · · · · · · · L. Yes L. 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	
D -	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Pa	rt 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)	way and and load area
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat	istoric structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	
	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	
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	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization 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?	□ vac □ Na
•		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	e year
~	Amount of average and an execute was a manufacture and enforcing concentration accompate during the vec	·-
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$ \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	21
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	31/1)
0	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense states	
,	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements tha	
	organization's accounting for conservation easements	a described the
Pa	irt III Organizations Maintaining Collections of Art, Historical Treasures, or Ot	her 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 an	d balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	
b		
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	
	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,	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	D. Ladar France 000, Bart VIII, Land	▶ \$
	Assets included in Form 990, Part X	

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated deprectation	(d) Book value
1a	Land	60,000			60,000
b	Buildings	540,000			540,000
С	Leasehold improvements				
d	Equipment	318,695		72,446	246,249
e	Other				
ota	I. Add lines 1a through 1e (Column (d) must equal Forr	n 990, Part X, column (B	, line 10c)		846,249

Part VII	Investments - Other Securities	S.	85-0326711	rage .
			t 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 de	erivatives · · · · · · · · · · · · · · · · · · ·			
•	d equity interests	• • •		
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)	· · · · · · · · · · · · · · · · · · ·			
(G)				
(H)				
	must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments - Program Relate Complete if the organization an		rt 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)				
(8)				
(9)				
	must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets.			
	Complete if the organization an	swered "Yes" to Form 990, Par	rt IV, line 11d See Form 990, Part X	., line 15
		(a) Description	(b)	Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(9)				
	n (b) must equal Form 990, Part X, col (B)	line 15)		
Part X	Other Liabilities.			
	Complete if the organization and line 25	swered "Yes" to Form 990, Pai	rt IV, line 11e or 11f See Form 990,	Part X,
1	(a) Description of liability	(b) Book value	_	
(1) Federal	income taxes		_	
(2)			4	
(3)			-	
(4)			-	
(5)			\dashv	
(6)			┥ .	
(8)			┥	
(9)			-	
) must equal Form 990, Part X col (B) line 25)	>	-	
. 312. (30idital (D	/ 1 day 1221 . 2 401 407 407			

Part XI Reconciliation of Revenue per Audited Financial Stateme			85-0328711	Page
art Ar Neconcination of Nevenue per Auditeu Financial Stateme	ents \			
Complete if the organization answered "Yes" to Form 990, P				
Total revenue, gains, and other support per audited financial statements			1	
Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities	2b		7	
c Recoveries of prior year grants	2c		7	
d Other (Describe in Part XIII) · · · · · · · · · · · · · · · · ·	2d			
e Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·			_{2e}	
3 Subtract line 2e from line 1			3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII)	4b	·	-	
c Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·			4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Part XII Reconciliation of Expenses per Audited Financial States				
Complete if the organization answered "Yes" to Form 990, F		-	P	
1 Total expenses and losses per audited financial statements			11	-
2 Amounts included on line 1 but not on Form 990, Part IX, line 25				
	2a			
	2b		- 	
	2c			
	2d			
			3	
			3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b Other (Describe in Part XIII)	4b		-	
c Add lines 4a and 4b			4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	#
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information.	• • •		5	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	 es 1b a	nd 2b, Part V, line 4, Pa	5	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	 es 1b a	nd 2b, Part V, line 4, Pa	5	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	 es 1b a	nd 2b, Part V, line 4, Pa	5	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	 es 1b a	nd 2b, Part V, line 4, Pa	5	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	 es 1b a	nd 2b, Part V, line 4, Pa	5	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	 es 1b a	nd 2b, Part V, line 4, Pa	5	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	 es 1b a	nd 2b, Part V, line 4, Pa	5	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	 es 1b a	nd 2b, Part V, line 4, Pa	5	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	 es 1b a	nd 2b, Part V, line 4, Pa	5	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	 es 1b a	nd 2b, Part V, line 4, Pa	5	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	 es 1b a	nd 2b, Part V, line 4, Pa	5	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	 es 1b a	nd 2b, Part V, line 4, Pa	5	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	 es 1b a	nd 2b, Part V, line 4, Pa	5	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	 es 1b a	nd 2b, Part V, line 4, Pa	5	
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5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	 es 1b a	nd 2b, Part V, line 4, Pa	5	
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EEA

SCHEDULE G (Form 990 or 990-EZ)

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.

2014

Department of the Treasury Internal Revenue Service

Open to Public Inspection

OMB No 1545-0047

Name of the organization				<u>-</u>		Employer ide	ntification number
FRATERNAL ORDER OF EAGLES						85-03	
Part I Fundraising Activities Form 990-EZ filers are not		_		swered "Yes" to f	Form 99	0, Part IV,	line 17
1 Indicate whether the organization raise		-	-	ties. Check all that ap	plv		
a Mail solicitations	ou lando ambagii		_	of non-government gra			
b Internet and email solicitations				of government grants			
c Phone solicitations		=		fraising events			
d In-person solicitations		9 🗆	Openial lane	indioning events			
2a Did the organization have a written or	oral agreement v	with any indivi	idual (includi	na officers directors t	trustees		
or key employees listed in Form 990,	_	-		-		Пу	es 🗆 No
b If "Yes," list the ten highest paid individ			· ·	•			_
compensated at least \$5,000 by the o		,		9.00			-
compensated at least 40,000 by the c	.gaa						
		(ii) Did fire	d		(v) Am	ount paid to	(vi) Amount poul to
(i) Name and address of individual	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or re	tained by) ser listed in col (i)	(vi) Amount paid to (or retained by) organization
or entity (fundraiser)	(ii) / icavity						
		Yes	No			<u> </u>	
1							
·							
2		1					
3							
4							
5							
6							
7							
8							
							
9							
10			 				
	I		1				
Total			▶				
3 List all states in which the organization	is registered or li	censed to so	licit contribut	tions or has been notifi	ied it is ex	empt from	
registration or licensing	· ·					·	
•							
			·				
							···
					····	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	<u> </u>						
			<u>. </u>				

_	_	(Form 990 or 990-EZ) 2014 FRA	TERNAL ORDER OF E	AGLES	85-0	0328711 Page 2
Pa	rt II		plete if the organization	answered "Yes" to Forn	n 990, Part IV, line 18, c	or reported more
	,	than \$15,000 of fundraising		d gross income on Form	1990-EZ, lines 1 and 60	List events with
		gross receipts greater than				
`			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
		ĺ	Convention	Ways & Means	4_	(add cor (a) through
			(event type)	(event type)	(total number)	
Revenue		_				
Š	1	Gross receipts	9,412	24,194	20,754	54,360
œ						
	2	Less Contributions				
	3	Gross income (line 1 minus				
		line 2)	9,412	24,194	20,754	54,360
		Ocal constant				
	4	Cash prizes	-			
	_	Nananah amasa				
	5	Noncash prizes				·
		DW				
ses	6	Rent/facility costs · · · · · · · ·				
Be	-	Food and haveness				
ŭ	7	Food and beverages · · · · · ·				
Direct Expenses	8	Entertainment				
۵	ľ	Littertainment				
	9	Other direct expenses · · · · ·				
		Cirior direct expenses	<u></u>	<u> </u>		
	10	Direct expense summary Add lines	4 through 9 in column (d)			
	11	Net income summary Subtract line				54,360
Pa	rt l	II Gaming. Complete if the	organization answered	"Yes" to Form 990, Part	IV, line 19, or reported i	more
		than \$15,000 on Form 990	D-EZ, line 6a			
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
eun				bingo/progressive bingo	(+)	col (a) through col (c))
Revenue						
_	1	Gross revenue · · · · · · ·	398,541	815,838		1,214,379
		Oneth armed	442 700	500 100		1 022 020
ses	2	Cash prizes	443,700	590,120		1,033,820
~	9	Namanah muzaa				
Ř	3	Noncash prizes · · · · · · ·				
Direct Expo	4	Rent/facility costs				
ă	7	Trefficiacinty costs 117711				
	5	Other direct expenses	80,047	80,047		160,094
	Ť	Circi di cot experioce	Yes %		Yes %	200/001
	6	Volunteer labor		⊠ No	□ No	
	7	Direct expense summary Add lines	2 through 5 in column (d)			1,193,914
						-
	8	Net gaming income summary Subt	ract line 7 from line 1, colu	mn (d) • • • • • • • • • • • • • • • • • • •	<u> </u>	20,465
9	E	nter the state(s) in which the organiza	tion conducts gaming activ			
•	a Is	the organization licensed to conduct	gaming activities in each of	these states?		···· <u>⊠</u> Yes ∐ No
ı	b If	"No," explain				
	_				····-	
	_					
		/ere any of the organization's gaming	licenses revoked, suspend	ed or terminated during the t	tax year?	···· Yes 🔀 No
I	b If	"Yes," explain				,
	_					

Sched	e G (Form 990 or 990-EZ) 2014 FRATERNAL ORDER OF EAGLES 85-0328711 Page							
11	Does the organization conduct gaming activities with nonmembers?							
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?							
13 [,]								
	Indicate the percentage of gaming activity operated in The organization's facility							
а	The organization's facility							
b	L							
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records							
	Name ▶ Donna Gardner							
	Address • 45 Jack Rabbit Rd, Tularosa, NM 88352							
15a	Does the organization have a contract with a third party from whom the organization receives gaming							
	revenue?							
b	If "Yes," enter the amount of gaming revenue received by the organization \$\Bigs\\$ \\$ and the							
	amount of gaming revenue retained by the third party 🕨 \$							
С	If "Yes," enter name and address of the third party							
	Name ►							
	Address •							
16	Gaming manager information							
	Name ► Donna Gardner							
	Gaming manager compensation ► \$ 10,400							
	Description of services provided Manager							
	Director/officer							
17	Mandatory distributions							
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to							
_	retain the state gaming license?							
.	Enter the amount of distributions required under state law to be distributed to other exempt organizations or							
b								
ГВА	spent in the organization's own exempt activities during the tax year \(\bigsim \\$ 40,000 \\ t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and							
Га	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see							
	instructions).							
-								

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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

FRATERNAL ORDER OF EAGLES 85-0328711 01. Members or stockholder classes and rights (Part VI, line 6) All the members elect officers and vote on by-laws 02. Member election for additional members (Part VI, line 7a) No members have the power to appoint any member of the governing body 03. Governing body decisions (Part VI, line 7b) All governing decisions are made by the members 04. Form 990 governing body review (Part VI, line 11) The 990 is presented at the meeting before it is filed. 05. Conflict of interest policy compliance (Part VI, line 12c) The organization has a written Conflict of Interest policy 06. Governing documents, etc, available to public (Part VI, line 19) The documents are available upon request