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Form **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

2015
Open to Public
Inspection**A** For the 2015 calendar year, or tax year beginning **06/01/15**, and ending **05/31/16**

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 OGDEN CHAPTER 2472		D Employer identification number 87-0199683	
	Doing business as FRATERNAL ORDER OF EAGLES		E Telephone number 801-399-5581	
	Number and street (or P.O. box if mail is not delivered to street address) 975 WALL AVENUE		Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code OGDEN UT 84404		G Gross receipts \$ 391,085	
	F Name and address of principal officer		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list (see instructions)	

I Tax-exempt status	501(c)(3) <input checked="" type="checkbox"/> 501(c) (8) (insert no)	4947(a)(1) or	527
J Website	WWW.FOE.COM		
K Form of organization	Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <input type="checkbox"/>	L Year of formation	1949
		M State of legal domicile	

Part I Summary

SCANNED NOV 14 2016

1 Briefly describe the organization's mission or most significant activities PROVIDE CHARITY WORK FOR INDIVIDUALS AND ORGANIZATIONS BY LESSENING ITS ILLS, AND BY PROMOTING PEACE, PROSPERITY, GLADNESS, AND HOPE.	
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 0
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 2015 (Part V, line 2a)	5 22
6 Total number of volunteers (estimate if necessary)	6 0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 3,269
b Net unrelated business taxable income from Form 990-T, line 34	7b 2,269
8 Contributions and grants (Part VIII, line 1h)	Prior Year 31,574 Current Year 40,297
9 Program service revenue (Part VIII, line 2g)	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	153 7,695
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	171,051 174,744
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	202,778 222,736
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	66,898 67,548
16a Professional fundraising fees (Part IX, column (A), line 11e)	0
b Total fundraising expenses (Part IX, column (D), line 25)	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	148,486 133,778
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	215,384 201,326
19 Revenue less expenses Subtract line 18 from line 12	-12,606 21,410
20 Total assets (Part X, line 16)	Beginning of Current Year 1,926,495 End of Year 1,947,426
21 Total liabilities (Part X, line 26)	3,944 3,465
22 Net assets or fund balances Subtract line 21 from line 20	1,922,551 1,943,961

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 <i>Virginia McKay</i>	Date <i>2 Nov 16</i>		
	Type or print name and title <i>Virginia McKay Secretary</i>			
Paid Preparer Use Only	Print/Type preparer's name STEVE JOHNSTUN	Preparer's signature STEVE JOHNSTUN	Date 10/27/16	Check <input type="checkbox"/> if PTIN self-employed P01445931
	Firm's name STEVE JOHNSTUN & ASSOCIATES LLC	Firm's EIN 47-3285409		
	Firm's address 3590 HARRISON BOULEVARD, SUITE GL-2 OGDEN, UT 84403	Phone no 801-399-1183		

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes ☐ No ☐

Part III Statement of Program Service Accomplishments

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

☒ **X****1** Briefly describe the organization's mission:**PROVIDE CHARITY WORK FOR INDIVIDUALS AND ORGANIZATIONS BY LESSENING ITS ILLS, AND BY PROMOTING PEACE, PROSPERITY, GLADNESS, AND HOPE.****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 ☒ **X** 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 ☒ **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 \$ **185,784** including grants of \$) (Revenue \$)
PROVIDE CHARITY WORK FOR INDIVIDUALS AND ORGANIZATIONS BY LESSENING ITS ILLS, AND BY PROMOTING PEACE, PROSPERITY, GLADNESS, AND HOPE.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)(Expenses \$ **280** including grants of \$) (Revenue \$)**4e** Total program service expenses **186,064**