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DLN: 93493114013047

OMB No 1545-0047

2015

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

 \blacktriangleright Information about Form 990 and its instructions is at $\underline{www\ IRS\ qov/form990}$

Open to Public Inspection

A F	or the	2015 ca	endar year, or tax year beginning 06-01-2015	, and ending 05-31-2010	5			
B Ch	eck ıf ap	plicable	C Name of organization FRATERNAL ORDER OF THE EAGLES			D Emplo	yer id	entification number
_	ddress cl	-	4200 AERIE			92-0	1268	51
•	ame cha	-	Doing business as					
FI In	ntial retu	ırn				E Teleph	ono nu	mhor
	termina/	ited	Number and street (or P O box if mail is not delivered t 2055 JORDAN AVENUE NO 1	o street address) Room/suit	е			
	nended r					(907)	789-	1511
Ap	plication	pending	City or town, state or province, country, and ZIP or foreiguneau, AK 99801	gn postal code		G Gross	receipts	s \$ 1,405,772
			F Name and address of principal officer		H(a) Is	this a group	retur	n for
			BILL BONN			ubordinates?		⊤ Yes 🗸
			2055 JORDAN AVE JUNEAU,AK 99801			No	ınataa	
I Ta	x-exem	pt status	501(c)(3) ✓ 501(c)(8) ◄ (insert no) 4	947(a)(1) or 527		re all subord cluded?	mates	Yes No
	ebsite	:► N/A				•		t (see instructions)
						roup exemp		umber ► M State of legal domicile AK
K Fon	m of org	anızatıon	▼ Corporation Trust Association Other ►		- Litear C	or ronniadon 1:	,	r state of legal doffliche AN
Pa		Sum	-		•			
Governance	M A	AINTAI AGLES F	ecribe the organization's mission or most signific N AND OPERATE AN EAGLES FRATERNAL LO OR APPROXIMATELY 275 MEMBERS AND TO ATIONS	DGE UNDER THE AUS				
Ĕ	_							
ŏ.	2 C	heck th	is box ▶ ☐ if the organization discontinued its o	perations or disposed o	f more tha	an 25% of it	s net a	assets
			1					
Activities &	3 N	umber	f voting members of the governing body (Part VI	, line 1a)			3	4
Ĕ	4 N	umber	f independent voting members of the governing l	oody (Part VI, line 1b)			4	0
₹C.E			nber of individuals employed in calendar year 20	, , ,			5	16
•	6 T	otal nur	nber of volunteers (estimate if necessary)				6	249
			elated business revenue from Part VIII, column	• •			7a	70,614
	b Ne	et unrela	ted business taxable income from Form 990-T,	line 34	1		7b	35,111
						Prior Year		Current Year
Qı.	8		butions and grants (Part VIII, line 1h)	3,	,682	3,644		
nuə	9	_	m service revenue (Part VIII, line 2g)		0	0		
Ravenue	10		ment income (Part VIII, column (A), lines 3, 4, r revenue (Part VIII, column (A), lines 5, 6d, 8c, r	•		1,191	6	258,036
	11		revenue—add lines 8 through 11 (must equal Par					
	12	12)	evenue—add illes o tillough II (must equal i al	c V III, column (A), mie		1,195	,234	261,685
	13	Grants	and similar amounts paid (Part IX, column (A),	lines 1-3)			0	0
	14	Benefi	ts paid to or for members (Part IX, column (A), li	ne 4)			0	0
10	15		es, other compensation, employee benefits (Part	IX, column (A), lines		81	,878	87,937
Expenses		5-10)						· · · · · · · · · · · · · · · · · · ·
9	16a		sional fundraising fees (Part IX, column (A), line	:11e)	-		0	0
Ā	b		ndraising expenses (Part IX, column (D), line 25) ▶0				000	101.006
	17		expenses (Part IX, column (A), lines 11a-11d,	•	-	1,110	-	181,906
	18 19		expenses Add lines 13–17 (must equal Part IX, ue less expenses Subtract line 18 from line 12		-	1,192	,434	269,843
<u>~~</u>	19	Keven	de less expenses Subtract fine 10 from fine 12		Reginnii	ng of Current		End of Year
Net Assets or Fund Balances								
Ass Ba	20		assets (Part X, line 16)			116	_	138,704
e de la companya de l	21		labilities (Part X, line 26)		·		,998	-1,110
	22		sets or fund balances Subtract line 21 from line	20		147	,972	139,814
Unde my k	nowled	Ities of p	ature Block perjury, I declare that I have examined this retur pelief, it is true, correct, and complete Declaration nowledge		_			•
		****				2017-04-24		
Sigr		Signa	ture of officer			Date		
Her			BONN PRESIDENT					
		<u> </u>	or print name and title				1	
			rint/Type preparer's name Preparer's signatu RIDGET LUJAN CPA BRIDGET LUJAN C		17-04-24	Check If	PTIN P006	40734
Paid		-	ırm's name ► R DANIEL MACLEOD CPA			self-employed Firm's EIN ► 9		
	pare	r ⊨	Irm's name			Phone no (90)		
Use	Onl	у	JUNEAU, AK 99801			(30	,	-
M	tha IDC		e this return with the preparer shown above? (se	a instructions \				No

Par	t 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
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		No
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		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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	1	No
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		No
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	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Nο

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Nο

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Nο

	•	•					
: IV	CI	hecklist	of Rec	uired	Schedules	(continued))

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	rt IV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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? 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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part 22

23

24a

24h

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Form 990 (2015)

Pai		Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			
		sheek it selledule o contains a response of flote to any line in this	- uic	<u> </u>		Yes	No
1a	Enter th	ne number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
		ne number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did the	organization comply with backup withholding rules for reportable payments to	Venc	fore and reportable			
٠		(gambling) winnings to prize winners?			1 c	Yes	
2a	Enter th	ne number of employees reported on Form W-3, Transmittal of Wage and					
		stements, filed for the calendar year ending with or within the year covered	2a	16			
.	•	return			2b	Yes	
U		the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did the	organization have unrelated business gross income of \$1,000 or more during	g the y	year ⁷	3a	Yes	
ь	If "Yes,	has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b	Yes	
4a	At any t	time during the calendar year, did the organization have an interest in, or a sig	gnatu	re or other authority			
		financial account in a foreign country (such as a bank account, securities acc	count,	or other financial	4a		No
h		t) ⁷					NO
b		." enter the name of the foreign country ▶_ tructions for filing requirements for FinCEN Form 114, Report of Foreign Bank	, and I	Einancial Accounts			
	(FBAR)	tructions for filling requirements for time EN Tollin 114, Report of Foreign Bank	anu	i manerar Accounts			
5a	Was the	e organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
		taxable party notify the organization that it was or is a party to a prohibited t			5b		No
С	If "Yes.	" to line 5a or 5b, did the organization file Form 8886-T?					
		,,			5c		
6a		ne organization have annual gross receipts that are normally greater than \$10 ation solicit any contributions that were not tax deductible as charitable cont			6a	Yes	
b	were no	" did the organization include with every solicitation an express statement th t tax deductible?	at suc	ch contributions or gifts	6b	Yes	
7	Organiz	rations that may receive deductible contributions under section 170(c).					
а		organization receive a payment in excess of \$75 made partly as a contribution of the payor?		d partly for goods and	7a		No
b	If"Yes,	" did the organization notify the donor of the value of the goods or services pi	rovide	ed?	7b		
С		organization sell, exchange, or otherwise dispose of tangible personal proper n 8282?	ty for	which it was required to	7 c		No
d	If "Yes,	" indicate the number of Forms 8282 filed during the year	7d				
е	Did the	organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did the	organization, during the year, pay premiums, directly or indirectly, on a person	nal be	enefit contract?	7f		
g		rganization received a contribution of qualified intellectual property, did the or	rganız	ation file Form 8899 as	-		
h	required	rganization received a contribution of cars, boats, airplanes, or other vehicles	 . did i	the organization file a	7g		
	Form 10		•, uiu i	· · · · · ·	7h		
8	Did a do	onor advised fund maintained by the sponsoring organization have excess business. The year?	siness	s holdings at any time	8		
9a	Did the	sponsoring organization make any taxable distributions under section 49667			9a		
b	Did the	sponsoring organization make a distribution to a donor, donor advisor, or rela	ited p	erson?	9b		
10	Section	501(c)(7) organizations. Enter					
а	Initiatio	on fees and capital contributions included on Part VIII, line 12	10a				
b	Gross re	eceipts, included on Form 990, Part VIII, line 12, for public use of club s	10b				
11	Section	501(c)(12) organizations. Enter					
а	Grossıı	ncome from members or shareholders	11a				
b		ncome from other sources (Do not net amounts due or paid to other sources amounts due or received from them)	11b				
12a	Section	4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12 a		
		" enter the amount of tax-exempt interest received or accrued during the					
	year	East() (20)	12b				
13	section	501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? N o nal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b		ne amount of reserves the organization is required to maintain by the states in the organization is licensed to issue qualified health plans	13b				
С		ne amount of reserves on hand	13c				
		organization receive any payments for indoor tanning services during the tax		?	14a		No
		has it filed a Form 720 to report these payments? If "No," provide an explana,	•		14b		

orm 990	(2015)		Ρa
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10th describe the circumstances, processes, or changes in Schedule O. See instructions.	b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI		
Section	n A. Governing Body and Management		
		Yes	ı
1a Ente	r the number of voting members of the governing body at the end of the tax 4		

1a	Enter the number of voting members of the governing body at the end of the tax year	1a			2	ŀ		
	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 bus other officer, director, trustee, or key employee?				th any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co					3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	orior For	m 990 v	was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	-	5		No			
6	Did the organization have members or stockholders?					6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the powering more members of the governing body?		elect or	appoint	one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			s,stock	holders • •	, 7 b	Yes	
8	Did the organization contemporaneously document the meetings held or written activear by the following	ions ui	ndertak	en durin	g the			
а	The governing body?					8a	Yes	
b	Each committee with authority to act on behalf of the governing body?					8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule					9		No
	ection B. Policies (This Section B requests information about policies not	reau				20110-		
Se	ection B. Policies (This Section & requests information about policies not	rcyui	irea by	tne In	ternai i	<u>keven</u>	<u>ue coa</u>	e.)
Se	ection B. Policies (This Section B requests information about policies not	requi	irea by	tne In	<u>ternai i</u>	<u>keven</u>	Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?		irea by 	tne In:	ternai i	10 a		
10a			 s of suc	 h chapte	· ers,			No
10a b	Did the organization have local chapters, branches, or affiliates?	tivitie:	• • • s of suc	 h chapte purpos es	• ers, 5?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of its	tivitie: ion's e ts gov	s of suce exempt permits and the second seco	. h chapte purposes pody bef	• ers, 5?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of the form?	tivitie: ion's e ts gov	s of suc exempt erning b	th chapte purposes pody bef	ers, 57 ore filing	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of the form?	tivitie: ion's e ts gov Form 9	s of suc exempt erning l	h chapte purposes pody befi	ers, s? ore filing	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie: ion's e ts gov Form 9	s of sucexempt permission of the second seco	h chapte purposes pody before	ers, 5? ore filing d give	10a 10b 11a 12a 12b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 . Illy inte	s of suc exempt perning be 1990 erests the	h chapte purposes pody before	ers, 5? ore filing d give	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of the form?	tivities ion's e ts gov Form 9 Illy inte	s of suc exempt erning l 990 erests the	h chapte purposes pody before that could for "Yes," of	ers, 5? ore filing d give	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie. ion's e ts gov Form 9 illy inte n the p	s of suce exempt of erning to 990	th chapte purposes pody before that could that could for "Yes," to	ers, 5? ore filing d give des cribe	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivities ion's e ts gov Form 9 illy inte in the p	s of suce exempt persons in the second secon	th chapte purposes pody before that could that could for "Yes," to the could be the could the could be the could be the could the could be the could	ers, s? ore filing d give des cribe 	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivities ion's e ts gov Form 9 illy inte n the p in the p inew arne deli	s of suce exempt perning here.	th chapte purposes pody before that could that could th	ers, s? ore filing d give des cribe	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivities ion's e ts gov Form 9 illy inte n the p in the p inew arne deli	s of suce exempt perning here.	th chapte purposes pody before that could that could th	ers, s? ore filing d give des cribe	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 illy inte n the p ne deli or sim	s of suce exempt serning here serning here serests the serest the serests the serest the series the serest the series the serest the serest the serest the serest the serest the series the serest the serest the serest the serest the serest the series	h chapte purposes oody befi hat could of "Yes," i oval by n and de	ers, s? ore filing d give des cribe cision? 	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ► AK

18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)
	(3)s only) available for public inspection Indicate how you made these available Check all that apply

- Own website Another's website Vupon request Other (explain in Schedule O)

 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
 - ►THE ORGANIZATION 2055 JORDAN AVENUE NO 1 JUNEAU, AK 99801 (907) 789-1511

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, or 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	more pers	than on is	one bot rect	not box h ar	chec , unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) WILLIAM BONN PRESIDENT	5 00			х				1,052	0	1,052	
(2) BRENDA REEDER VICE PRESIDENT	20 00			х				31,758	0	31,758	
(3) JIMMY BUCK TREASURER	5 00			x				0	0	0	
(4) CASSANDRA DAY SECRETARY	5 00			×				8,095	0	8,095	

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d on is l	ne l both	oox, an d	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b	Sub-Total						. ▶				
c d	Total from continuation sheet Total (add lines 1b and 1c) .	•			•	٠.	. •		40,905	0	40,905
2	Total number of individuals (ir						d abov	اید ده	·	222	,
_	\$100,000 of reportable comp						u abuv	c) WI	no received more ti	ia ii	

- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee

 - on line 1a? If "Yes," complete Schedule J for such individual .

 - 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? If "Yes," complete Schedule J for such
- ındıvıdual . Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
 - services rendered to the organization? If "Yes," complete Schedule J for such person . . .

Section B. Independent Contractors

3

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	s tax year
(A) Name and business address	(B) Description of services	(C) Compensation
		·

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Yes

3

4

5

No

Νo

Νo

Νo

Part VIII		Statement of Revenue							
			ule O contains a respo	nse or note to any lu	ne 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	
s	1a	Federated cam	paigns 1a	ı					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	ıes 1 b	3,644					
Gr.	c	Fundraising eve	ents 10	:					
ffs. ⊏A	d	Related organiz	zations 1c						
n	e	Community (contributions)							
Sin									
utic	f	similar amounts no							
d di	g	Noncash contribution 1a-1f \$	ons included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	s 1a-1f		3,644				
				Business Code					
Program Service Revenue	2a								
\$ *	ь								
3	c								
ž.	d								
Ε Ε	e								
ogra	f	All other progra	am service revenue						
Ě	g	Total. Add lines	s 2a-2f	•					
	3		ome (including divider ar amounts)		5			5	
	4		stment of tax-exempt bond						
	5	Royalties		🔸					
			(ı) Real	(II) Personal					
	6a	Gross rents							
	ь	Less rental expenses							
	c	Rental income							
	d	or (loss) Net rental inco	me or (loss)						
			(ı) Securities	(II) O ther					
	7a	Gross amount from sales of assets other than inventory							
	b c	Less cost or other basis and sales expenses Gain or (loss)							
	d	Net gain or (los	ss)	· · · · ·					
Other Revenue	8a	Gross income f events (not inc \$ of contributions See Part IV, lin	luding s reported on line 1c)						
her	_		a						
Ö	1		penses b (loss) from fundraising						
	c 9a		from gaming activities	events •					
			ne 19						
			a	1,201,317					
	b c		penses b (loss) from gaming act		70,614		70,614		
				-					
	10a	Gross sales of returns and allo							
			a	200,606					
	Ь		oods sold b	13,184	407.400			407.400	
	C		(loss) from sales of inv	, 	187,422			187,422	
	11a	Miscellaneous	s kevenue	Business Code					
	ь								
	c								
	d	All other reven	ue						
	e	Total. Add lines	s 11a-11d	•					
	12	Total revenue.	See Instructions .		261.685	0	70.614	187 427	
					לאמו ומע	[1]	/U.614I	18/4//	

Part IX Statement of Functional Expenses

ection 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	

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraısıng 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	29,801			
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	48,727			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	0.400			
		9,409			
11	Fees for services (non-employees)				
a	Management				
b	Legal	050			
C	Accounting	950			
d	Lobbying				
e f	Professional fundraising services See Part IV, line 17				
	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A)				
g	amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	4,281			
14	Information technology				
15	Royalties				
16	Occupancy	64,422			
17	Travel	787			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	771			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	12,272			
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	CBJ SALES TAX	78,301			
b	MUSIC & ENTERTAINMENT	6,180			
c	LICENSES & PERMITS	1,800			
d					
е	All other expenses	12,142			
25	Total functional expenses. Add lines 1 through 24e	269,843			
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X	Balance Shee
--------	--------------

	990 (2				Page 11
Par	t X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X		• •	
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	2,499	1	16,779
	2	Savings and temporary cash investments		2	
	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	
Assets	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	
As	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	114,475	8	121,925
	9	Prepaid expenses and deferred charges	,	9	.2.,020
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	ь	Less accumulated depreciation		10c	
	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)	116,974	16	138,704
	17	Accounts payable and accrued expenses	-30,998	17	-1,110
	18	Grants payable	30,000	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21	
		persons Complete Part II of Schedule L		22	
Liabi	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	-30,998	26	-1,110
Sè		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
lance	27	Unrestricted net assets		27	
ထိ	28	Temporarily restricted net assets		28	
ב	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
	30	Capital stock or trust principal, or current funds	0	30	0
set	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds	147,972	32	139,814
et	33	Total net assets or fund balances	147,972	33	139,814
Z	34	Total liabilities and net assets/fund balances	116.974	34	138.704

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? 2c 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 3a Nο 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

Name: FRATERNAL 4200 AERIE

EIN: 92-0126851

Explanation: THE 990T IS FILED LATE DUE TO CHALLENGES WITH THE

SOFTWARE AND QUALIFYING THE RETURN FOR E-FILING.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493114013047

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

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

2015

Open to Public Inspection

ame of the organization .ATERNAL ORDER OF THE E	EAGLES					Employer ide	ntification number
00 AERIE						92-0126851	<u> </u>
	c tivities. Comple ers are not requir			tion answered "Yes" nis part.	on Form	990, Part IV	/, line 17.
Indicate whether the orga	inization raised fund	ds throug	h any of th	e following activities C	heck all th	at apply	
Mail solicitations			•	e Solicitation of n	on-govern	ment grants	
Internet and email so	☐ Internet and email solicitations f ☐ Solicitation of government					grants	
Phone solicitations			•	g	ing events	5	
I In-person solicitation	าร						
Did the organization have or key employees listed in services?							es N o
o If "Yes," list the ten high to be compensated at lea				sers) pursuant to agree	ements und	der which the f	undraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or ref	ount paid to tained by) ser listed in ol (i)	(vi) A mount paid to (or retained by) organization
		Yes	No				
tal			•				

Pa	Fundraising Events. Complete if the organization fundraising event contribution receipts greater than \$5,000	ons and gross income	Form 990, Part IV, line e on Form 990-EZ, line	e 18, or reported mo s 1 and 6b. List ever	re than \$15,000 of its with gross
	receipes greater than \$5/600	(a)Event #1	(b) Event #2	(c)O ther events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
ne					
Reverkie	1 Gross receipts				
_	2 Less Contributions				
	4 Cash prizes				
	5 Noncash prizes				
6S	6 Rent/facility costs				
Expenses	7 Food and beverages				
Ä	8 Entertainment				
Direct	9 Other direct expenses		1		
	10 Direct expense summary Add lines of the summary Subtract line 1				
Pai	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue		1,201,517		1,201,517
nses	2 Cash prizes		986,606		986,606
EXDE	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses		144,297		144,297
		Yes%			
	6 Volunteer labor	│ No	√ No	No	
	7 Direct expense summary Add lines	2 through 5 in column (d)		1,130,903
	8 Net gaming income summary Subtra	act line 7 from line 1, co	olumn (d)	•	70,614
9 a	Enter the state(s) in which the organization licensed to conduct				✓Yes No
b	If "No," explain				
10a	Were any of the organization's gaming l				
b	If "Yes," explain				

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-004
(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.	2015 Open to Public
Department of the Treasury Internal Revenue Service	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	Inspection
Name of the organization FRATERNAL ORDER OF THE EAG 4200 AERIE		identification number

DLN: 93493114013047

990 Schedule O. Supplemental Information

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990 Schedule O, Supplemental Information						
Return Reference	Explanation					
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS					
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERSHIP ELECTS THE GOVERNING BODY (BOARD OF TRUSTEES)					

POPM 990 PART VI SECTION B A DRAFT OF THE 990 IS PROVIDED TO THE BOARD OF TRUSTEES PRIOR TO FILING

LINE 11	A BIVALLO I THE 330 ISTROVIDED TO THE BOARD OF TROOTEEN TO THEIRO
FORM 990, PART VI, SECTION B,	THE GOVERNING BODY DISCUSSES THE POLICY, AT THEIR TRUSTEE'S MEETINGS, AND DISCUSSES
LINE 12C	ANY POSSIBLE INFRACTIONS

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART VI, SECTION C, LINE 18	THE FORMS 990 & 990T ARE AVAILABLE TO THE MEMBERSHIP UPON WRITTEN REQUEST
FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION, UPON WRITTEN REQUEST

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990 PAGE 1	AMENDED 990 IS SUBMITTED TO INCLUDE 990T WHICH WAS NOT INCLUDED WITH THE ORIGNAL E-FILED 990
"AMENDED RETURN"	CORRECTIONS WERE MADE TO PART VIII AND IX TO PROPERLY REPORT REVENUE AND FUNCTIONAL EXPENSES