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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 6/1/2007 **, and ending** 5/31/2008

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization: Fraternal Order of Eagles 588 Aerie

Number and street (or P O box if mail is not delivered to street address): 6 Mott Avenue | Room/suite:

City or town: Norwalk | State or country: CT | ZIP + 4: 06850-3307

D Employer identification number 06-0353450

E Telephone number (203) 866-2697

F Accounting method: [X] Cash [ ] Accrual [ ] Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [ ] No (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? [X] Yes [ ] No

I Group Exemption Number ▶ 0102

G Website: ▶

J Organization type (check only one) ▶ [X] 501(c) (8) ◀(insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

M Check ▶ [ ] if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 328,107

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a	0		
b	Direct public support (not included on line 1a)	1b	972		
c	Indirect public support (not included on line 1a)	1c	0		
d	Government contributions (grants) (not included on line 1a)	1d	0		
e	**Total** (add lines 1a through 1d) (cash $ 972 noncash $ 0)			1e	972
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	0
3	Membership dues and assessments			3	8,266
4	Interest on savings and temporary cash investments			4	0
5	Dividends and interest from securities			5	5,186
6 a	Gross rents	6a	81,839		
b	Less rental expenses	6b	39,533		
c	Net rental income or (loss) Subtract line 6b from line 6a			6c	42,306
7	Other investment income (describe ▶ realized & unrealized G/L on Investments)			7	-6,441

		(A) Securities		(B) Other		
8 a	Gross amount from sales of assets other than inventory	0	8a	0		
b	Less cost or other basis and sales expenses	0	8b	0		
c	Gain or (loss) (attach schedule)	0	8c	0		
d	Net gain or (loss) Combine line 8c, columns (A) and (B)				8d	0

9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ [ ]				
a	Gross revenue (not including $ 0 of contributions reported on line 1b)	9a	52,221		
b	Less direct expenses other than fundraising expenses	9b	38,270		
c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	13,951
10 a	Gross sales of inventory, less returns and allowances	10a	186,064		
b	Less cost of goods sold	10b	236,562		
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	-50,498
11	Other revenue (from Part VII, line 103)			11	0
12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	13,742
13	Program services (from line 44, column (B))			13	8,905
14	Management and general (from line 44, column (C))			14	24,795
15	Fundraising (from line 44, column (D))			15	0
16	Payments to affiliates (attach schedule)			16	0
17	**Total expenses.** Add lines 16 and 44, column (A)			17	42,126
18	Excess or (deficit) for the year Subtract line 17 from line 12			18	-28,384
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	596,450
20	Other changes in net assets or fund balances (attach explanation)			20	0
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	568,066

Revenue / Expenses / Net Assets

Internal Revenue Service SB/SE Compliance
APR 30 2010
North Atlantic Area Norwalk, CT

JUN 22 2010

INTERNAL REVENUE SERVICE 236 TAXABLE EXAMS UNIT COVINGTON, KY
05/06/2010

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990** (2007)

91 21

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *(See the instructions)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a Grants paid from donor advised funds (attach schedule) (cash $ 0 noncash $ 0) If this amount includes foreign grants, check here ▶☐	22a	0	0		
22 b Other grants and allocations (attach schedule) (cash $ 8,905 noncash $ 0) If this amount includes foreign grants, check here ▶☐	22b	8,905	8,905		
23 Specific assistance to individuals (attach schedule)	23	0	0		
24 Benefits paid to or for members (attach schedule)	24	0	0		
25 a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	18,550	0	18,550	0
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b	0	0	0	0
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b, and c	26	0			
27 Pension plan contributions not included on lines 25a, b, and c	27	0			
28 Employee benefits not included on lines 25a – 27	28	0			
29 Payroll taxes	29	0			
30 Professional fundraising fees	30	0			
31 Accounting fees	31	0			
32 Legal fees	32	0			
33 Supplies	33	3,629			
34 Telephone	34	0			
35 Postage and shipping	35	617			
36 Occupancy	36	0			
37 Equipment rental and maintenance	37	0			
38 Printing and publications	38	0			
39 Travel	39	0			
40 Conferences, conventions, and meetings	40	4,170			
41 Interest	41	10			
42 Depreciation, depletion, etc (attach schedule)	42	0	0	0	0
43 Other expenses not covered above (itemize)					
a Trade publications	43a	103	0	103	0
b Misc	43b	479	0	479	0
c Membership Benefit Expenses	43c	2,822	0	2,822	0
d Bank Charges	43d	1,208	0	1,208	0
e Returned Deposit	43e	1,633	0	1,633	0
f	43f	0	0	0	0
g	43g	0	0	0	0
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	42,126	8,905	24,795	0

Joint Costs. Check ▶☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶☐ Yes ☐ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ 0 , **(ii)** the amount allocated to Program services $ ________ ,

(iii) the amount allocated to Management and general $ ________ , and **(iv)** the amount allocated to Fundraising $ ________

Part III **Statement of Program Service Accomplishments** *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ Fraternal, benefit paying community service organization All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a Various 501 c(3) organizations (Grants and allocations $ 5,805) If this amount includes foreign grants, check here ▶ ☐	0
b Various community and civic organizations (Grants and allocations $ 2,500) If this amount includes foreign grants, check here ▶ ☐	0
c Various 501 c(8) organizations (Grants and allocations $ 600) If this amount includes foreign grants, check here ▶ ☐	0
d (Grants and allocations $ 0) If this amount includes foreign grants, check here ▶ ☐	0
e Other program services (attach schedule) (Grants and allocations $ 0) If this amount includes foreign grants, check here ▶ ☐	0
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	0

Part IV Balance Sheets *(See the instructions)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*

Section	Line	Description	Sub-line	Sub-amount	(A) Beginning of year	Line	(B) End of year
Assets	45	Cash—non-interest-bearing			1,750	45	1,750
	46	Savings and temporary cash investments			20,723	46	1,256
	47 a	Accounts receivable	47a	0			
	b	Less allowance for doubtful accounts	47b	0	0	47c	0
	48 a	Pledges receivable	48a	0			
	b	Less allowance for doubtful accounts	48b	0	0	48c	0
	49	Grants receivable				49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			0	50a	0
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51 a	Other notes and loans receivable (attach schedule)	51a	0			
	b	Less allowance for doubtful accounts	51b	0	0	51c	0
	52	Inventories for sale or use			8,472	52	8,500
	53	Prepaid expenses and deferred charges				53	
	54 a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV			0	54a	0
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☒ FMV			185,258	54b	174,695
	55 a	Investments—land, buildings, and equipment basis	55a	0			
	b	Less accumulated depreciation (attach schedule)	55b	0	0	55c	0
	56	Investments—other (attach schedule)			0	56	0
	57 a	Land, buildings, and equipment basis	57a	381,865			
	b	Less accumulated depreciation (attach schedule)	57b	0	380,247	57c	381,865
	58	Other assets, including program-related investments (describe ▶)			0	58	0
	59	**Total assets** (must equal line 74) Add lines 45 through 58			596,450	59	568,066
Liabilities	60	Accounts payable and accrued expenses				60	
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)			0	64a	0
	b	Mortgages and other notes payable (attach schedule)			0	64b	0
	65	Other liabilities (describe ▶)			0	65	0
	66	**Total liabilities.** Add lines 60 through 65			0	66	0
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** ☐ and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted				67	
	68	Temporarily restricted				68	
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds			596,450	72	568,066
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			596,450	73	568,066
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			596,450	74	568,066

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions)*

a	Total revenue, gains, and other support per audited financial statements			a	
b	Amounts included on line a but not on Part I, line 12				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4	0		
	Add lines b1 through b4			b	0
c	Subtract line b from line a			c	0
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2	0		
	Add lines d1 and d2			d	0
e	**Total revenue** (Part I, line 12) Add lines c and d ▶			e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	
b	Amounts included on line a but not on Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify)	b4	0		
	Add lines b1 through b4			b	0
c	Subtract line b from line a			c	0
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2	0		
	Add lines d1 and d2			d	0
e	**Total expenses** (Part I, line 17) Add lines c and d ▶			e	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) *(See the instructions)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name Herbert Sanford Str c/o 6 Mott Avenue City Norwalk ST CT ZIP 06850	Title Secretary Hr/WK 25	18,550	0	0
Name James Stabell Str 8 Adamson Ave City Norwalk ST CT ZIP 06854	Title President Hr/WK Various	0	0	0
Name David Doebrick Str 4 Johnson Place City Monroe ST CT ZIP 06468	Title Vice President Hr/WK Various	0	0	0
Name Thomas Rondello Str 42 Winfield Court City Norwalk ST CT ZIP 06855	Title Trustee Hr/WK Various	0	0	0
Name Peter Palmer, Jr Str 99 Turkey Hill Rd S City Wesport ST CT ZIP 06880	Title Trustee Hr/WK Various	0	0	0
Name Robert Miles Str 3 Beachwood Rd City Norwalk ST CT ZIP 06850	Title Trustee Hr/WK Various	0	0	0
Name Martin Sullivan Str c/o 6 Mott Avenue City Norwalk ST CT ZIP 06850	Title Treasurer Hr/WK Various	0	0	0
Name Ellie Watson Str 290 Main Ave , Apt # City Norwalk ST CT ZIP 06851	Title Chaplain Hr/WK Various	0	0	0
Name Daniel Mahoney Str 137 West Norwalk Rd City Norwalk ST CT ZIP 06850	Title Conductor Hr/WK Various	0	0	0
Name Jack O'Brien Str 33 Lakeview Dr, City Norwalk ST CT ZIP 06851	Title Inside Guard Hr/WK Various	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ▶ If "Yes," attach a statement that includes the information described in the instructions	75c		X
d	Does the organization have a written conflict of interest policy?	75d		

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
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Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				

Part VI Other Information *(See the instructions)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt **or** ☐ nonexempt			
81 a	Enter direct and indirect political expenditures (See line 81 instructions) 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A	
85	*501(c)(4), (5), or (6)* Were substantially all dues nondeductible by members?		85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b	N/A	
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	N/A	
86	*501(c)(7) orgs.* Enter a Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts, included on line 12, for public use of club facilities	86b			
87	*501(c)(12) orgs* Enter **a** Gross income from members or shareholders	87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		
89 a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ ______ , section 4912 ▶ ______ , section 4955 ▶ ______				
b	*501(c)(3) and 501(c)(4) orgs* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b	N/A	
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ ______				
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ ______				
e	*All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	*All organizations* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90 a List the states with which a copy of this return is filed ▶ ______

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 90b 6

91 a The books are in care of ▶ Name Secretary, Aerie No 588, F O E Telephone no ▶ (203) 866-2697
Located at ▶ 6 Mott Avenue City Norwalk ST CT ZIP + 4 ▶ 06850-3307

			Yes	No
b	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)?	91b	N/A	
	If "Yes," enter the name of the foreign country ▶ ______ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts			

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c		

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** —Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities *(See the instructions)*

Note: *Enter gross amounts unless otherwise indicated*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			40	8,266	
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	5,186	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income .				-6,441	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		7,011	0
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					7,011

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	N/A
	Operating under the lodge system to provide benefits to and for members
	All receipts are used for social and charitable purposes

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to* ***(b)****, file Form 8870* ***and*** *Form 4720 (see instructions)*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please Sign Here

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

Herbert A Sanford — Signature of officer

4/29/10 — Date

Herbert Sanford, Secretary — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	
		Phone no	