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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning JUNE 01, 2007, and ending MAY 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 2708

Number and street (or P.O. box if mail is not delivered to street address)

1621 KICKAPOO ST

Room/suite

City or town, state or country, and ZIP + 4

Lincoln IL 62656

D Employer identification number

37-0651610

E Telephone number

(217) 732-2708

F Acctg. method: ☐ Cash ☐ Accrual☒ Other (specify) HYBRID

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

H & I are not applicable to sec 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ☐ Yes ☒ NoH(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☒ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number

M Check ☐ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: N/A

J Organization type (check only one) ☒ 501(c)(8) (insert no.) ☐ 4947(a)(1) or ☐ 527K 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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 193,226

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

b Direct public support (not included on line 1a)

1b

c Indirect public support (not included on line 1a)

1c

d Government contributions (grants) (not included on line 1a)

1d

e Total (add lines 1a through 1d) (cash \$ Ononcash \$ 0)

1e

0

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2

3 Membership dues and assessments

3

5,216

4 Interest on savings and temporary cash investments

4

5 Dividends and interest from securities

5

6a Gross rents

6a

1,800

b Less: rental expenses

6b

c Net rental income or (loss). Subtract line 6b from line 6a

6c

1,800

7 Other investment income (describe)

7

8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8a

b Less: cost or other basis & sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) Combine line 8c, columns (A) and (B)

8d

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐

a Gross revenue (not including \$ of

contributions reported on line 1b)

9a

14,174

b Less: direct expenses other than fundraising expenses

9b

3,493

c Net income or (loss) from special events Subtract line 9b from line 9a

#1

10,681

10a Gross sales of inventory, less returns and allowances

10a

170,743

b Less: cost of goods sold

10b

66,816

c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a

10c

103,927

11 Other revenue (from Part VII, line 93)

11

1,293

12 Total revenue. Add lines 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

12

122,917

13 Program services (from line 44, column (B))

13

275

14 Management and general (from line 44, column (C))

14

105,757

15 Fundraising (from line 44, column (D))

15

16 Payments to affiliates (attach schedule)

16

1,706

17 Total expenses. Add lines 16 and 44, column (A)

17

107,738

18 Excess or (deficit) for the year Subtract line 17 from line 12

18

15,179

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19

185,592

20 Other changes in net assets or fund balances (attach explanation)

20

7,572

21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20

21

208,343

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

Form 990 (2007)

G10

13

SCANNED APR 07 2010

REVENUE

EXPENSES

NET ASSETS

RECEIVED
MAR 16 2010
OPEN

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	
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) #5 (cash \$ 275 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	275	275		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A.	25a				
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B.	25b				
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				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	40,640	40,640		
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27.	28				
29	Payroll taxes	29	14,429	14,429		
30	Professional fundraising fees	30				
31	Accounting fees	31	200	200		
32	Legal fees	32				
33	Supplies	33	1,135	1,135		
34	Telephone	34	773	773		
35	Postage and shipping.	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize):					
a	See attachment #6	43a	48,580	48,580		
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	106,032	275	105,757	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) aggregate amount of these joint costs \$ _____; (ii) 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? ▶ <u>See attachment #7</u>	Program Service Expenses
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.)	(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a <u>See attachment #8</u> 	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	275
b 	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
c 	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
d 	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	275

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.

		(A) Beginning of year		(B) End of year
A S S E T S	45 Cash -- non-interest-bearing	8,453	45	35,084
	46 Savings and temporary cash investments	163,139	46	159,259
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	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	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	14,000	52	14,000
	53 Prepaid expenses and deferred charges		53	
	54a Investments -- publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments -- other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55a Investments -- land, buildings, and equipment basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
	56 Investments -- other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a		
b Less: accumulated depreciation (attach schedule)	57b	57c		
58 Other assets, including program-related investments (describe ►)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	185,592	59	208,343	
L I A B I L I T I E S	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)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ►)		65	
66 Total liabilities. Add lines 60 through 65	0	66	0	
N E T A S S E T S F U N D B A L A N C E S	Organizations that follow SFAS 117, check here <input type="checkbox"/> 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 <input type="checkbox"/> 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	185,592	72	208,343
	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)	185,592	73	208,343
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	185,592	74	208,343

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	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
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	
	Add lines d1 and d2	d	
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	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
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	
	Add lines d1 and d2	d	
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
SEE ATT LIST				

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

Yes	No
-----	----

- | | | | |
|---|------------|--|---|
| 75a 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 | | X |
| 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 | | X |

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

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 |
| 78a | 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 | | X |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . | 79 | | X |
| 80a | 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 <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | 81a | | N/A |
| 81a | Enter direct and indirect political expenditures. (See line 81 instructions) | 81a | | N/A |
| b | Did the organization file Form 1120-POL for this year? | 81b | | X |

Part VI Other Information (continued)		Yes	No
82a	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?		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
83a	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
84a	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	X
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	X
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	X
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	X
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88a	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	X
89a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
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	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A		
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
90a	List the states with which a copy of this return is filed ▶ N/A		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	N/A
91a	The books are in care of ▶ See attachment #9 Telephone no ▶		
	Located at ▶ ZIP + 4 ▶		
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	X
	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 Noc At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ ☒If "Yes," enter the name of the foreign country ▶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**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) Excl. code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					5,216
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
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					1,800
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					10,681
102 Gross profit or (loss) from sales of inventory					103,927
103 Other revenue: a					
b See attachment #10					1,293
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	122,917
105 Total (add line 104, columns (B), (D), and (E))					122,917

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).
▼	

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 int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did 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).

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.

N/A

Yes	No

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

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.

N/A

Yes	No

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

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?

N/A

Yes	No

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.

James D. Green

Signature of officer

8-27-09

Date

SECRETARY JAMES D. GREEN

Type or print name and title

Paid
Preparer's
Use Only

Preparer's
signature

[Signature]

Date

8-27-09

Check if self-
employed ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

204-30-7785

Firm's name (or yours
if self-employed),
address, and ZIP + 4

H & R BLOCK COMPANY FRANCHISE
1801 N KICKAPOO ST
IL 62656

EIN
Phone
no.

37-1173266
217-232-4124

Attachment 1: page 1 - 990, Page 1, Part I, line 9

Open to Public
Inspection

For Calendar year 2007, or tax year period beginning 06-01-2007 and ending 05-31-2008

Name of Organization

FRATERNAL ORDER OF EAGLES 2708

Employer Identification Number
37-0651610

Event Name or Description	Nbr of Occasions	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
PROJECTS	260	14,174		14,174	3,493	10,681
	Total	14,174		14,174	3,493	10,681

SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

Attachment 2: page 1 - 990 Page 1, Part I, line 10

Keep for Your Records

Open to Public
Inspection

For calendar year 2007 or tax period beginning 06-01-2007, and ending 05-31-2008.

Name of Organization

FRATERNAL ORDER OF EAGLES 2708

Employer Identification Number

37-0651610

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
BAR	170,743	66,816	103,927
Total	170,743	66,816	103,927

SCHEDULE OF PAYMENTS TO AFFILIATES

Attachment 3: page 1 - 990 Page 1, Part I, line 16

Open to Public Inspection	For calendar year 2007, or tax period beginning	06-01-2007, and ending	05-31-2008.
Name of Organization FRATERNAL ORDER OF EAGLES 2708			Employer Identification Number 37-0651610

Name, Address, and Purpose of Payment for Affiliate	Amount of Payment
NATIONAL EAGLES	
DUES	1,706
Total	1,706

SCHEDULE CASH GRANTS AND ALLOCATIONS
Attachment 5: page 1 - 990 Page 2, Part II, Line 22b

Attachment 5: page 1 - 990 Page 2, Part II, Line 22b

and ending 05-31-2008.

For Calendar year 2007, or tax year period beginning 06-01-2007

Employer Identification Number

FRATERNAL ORDER OF EAGLES 2708

Donee's Name and Address

Relationship/Organizational Status

275

Total

275

Attachment 6: page 1 - 990 Page 2, Part II, Line 43

Inspection

Name of Organization

Employer Identification Number

37-0651610

JVA Copyright Forms (Software Only) - 2007 TW L0705F

PRIMARY EXEMPT PURPOSE

Attachment 7: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007 or tax period beginning	06-01-2007, and ending	05-31-2008.
Name of Organization FRATERNAL ORDER OF EAGLES 2708			Employer Identification Number 37-0651610

Primary Purpose

THE LODGE ACHIEVED UNITING IN ITS MEMBERS IN THE BOND OF FRATERNITY
BENEVOLENCE AND CHARITY, THIS IS ACCOMPLISHED THROUGH A YEAR-ROUND SCHEDULE
OF SOCIAL AND RECREATION ACTIVITIES.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 8: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning 06-01-2007, and ending 05-31-2008.		
Name of Organization FRATERNAL ORDER OF EAGLES 2708		Employer Identification Number 37-0651610	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	275
Exempt Purpose Achievements			
None			

BOOKS ARE IN CARE OF

Attachment 9 - 990 Page 7, Part VI, Line 91a

For calendar year 2007 or tax period beginning 06-01, and ending 05-31-2008.	
Name of Organization FRATERNAL ORDER OF EAGLES 2708	Employer Identification Number 37-0651610
Part VI - Line 91a	

Individual Name JD GREEN
or
Business Name:

Street Address 1621 N KICKAPOO ST

U.S. Address

Zip code 62656 City Lincoln State IL
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (217) 732-2708

Fax Number

Attachment 10: page 1 - 990 Page 8, Part VII, Line 103

For calendar year 2007 or tax period beginning 06-01-2007 , and ending 05-31-2008.

FRATERNAL ORDER OF EAGLES 2708

37-0651610

Totals