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## SCANNEL MAY 13 2010

Form **990-EZ** 

## Short Form 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) Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A	For th	e 2008 calendar year, or tax year beginning JUN 1, 2008		and end			2009
В	Check if	Please C Name of organization				D Employ	er identification number
	Addres	ss use IRS					
	Name	least of FDATEDNAL OPDED OF FACILES				47-	-0392266
F	Initial	Number and street (or P.O. hox, if mail is not delivered to street address)		F	loom/suite	E Telepho	one number
F	Term	in- Specific P O BOX 11				402	2-443-3221
F	ation Amer	City or town, state or country, and ZIP + 4					
F	retur Applica pendin	1 1 1 -				•	
		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	a com	nieted	G Account		
	- 566	Schedule A (Form 990 or 990-EZ).	2 00	piotou	1		
	Waheit	e: ►N/A					
		zation type (check only one)— X 501(c) (10) ◀ (insert no) 4947(a)(1	1) or	527			•
	Check						
		d, but if the organization chooses to file a return, be sure to file a complete return	1033 16	ceipts are i	TOTTIIAIIY IIUC	more than	TW25,000 A TELUTIT IS THE
		es 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form	agn in	stead of Fo	rm 990-F7		\$ 74.274
	art 1	Revenue, Expenses, and Changes in Net Assets or Fund	Bala	ances (S	ee the instru		
	T		<u> </u>	21.1000 (0	oo tiio iiiotia	I .	
	1	Contributions, gifts, grants, and similar amounts received					
	2	Program service revenue including government fees and contracts					·
	3	Membership dues and assessments					
	4	Investment income	e-			·   •	·····
	5a	Gross amount from sale of assets other than inventory	5a		•	-	
	b	Less cost or other basis and sales expenses	5b	-14-1-1			_
•	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (a				<del></del>	<u>C                                     </u>
ž	6	Special events and activities (complete applicable parts of Schedule G) If any amount is	s trom	gaming, ci	ieck nere 🚩	ШΙ	
Revenue	a	Gross revenue (not including \$ of contributions	_				
æ		reported on line 1)	6a				
	þ	Less direct expenses other than fundraising expenses	6b				
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	1		70 41		C
	7a	Gross sales of inventory, less returns and allowances STMT 2	7a		72,42	24.	
	b	Less cost of goods sold	7b		21,94		FO 475
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				. –	
	8	Other revenue (describe				_ ′	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				47-0392266  ute E Telephone number 402-443-3221  F Group Exemption Number ▶  counting method X Cash Accrual ner (specify) ▶ eck ▶ X if the organization is not ed to attach Schedule B (Form 990, 990-EZ, or 990-PF) y not more than \$25,000 A return is not  -EZ ▶ \$ 74,274. nstructions for Part I)  1 2 3 1,850. 4	
	10	Grants and similar amounts paid (attach schedule)					
	11	Benefits paid to or for members		•			10.000
es	12	Salaries, other compensation, and employee benefits					<del></del>
enses	13	13 Professional fees and other payments to independent contractors					
Exp	14	Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping RECEIVED  OCCUPANCY, rent, utilities, and maintenance Printing, publications, postage, and shipping RECEIVED  OCCUPANCY TO THE PROPERTY OF THE PROPE					
	Printing, publications, postage, and shipping SEE STATEMENT 1)					. —	
	1	16 Other expenses (describe SEE STATEMENT 1)					
	17	Total expenses. Add lines 10 through 16 APR 1 9 2010  Excess or (deficit) for the year (Subtract line 17 from line 9)					
S	18	Excess or (deficit) for the year (Subtract Tipe 17 from line 9)				18	9,726
set	19	Net assets or fund balances at beginning of year-though-life 2012column (A)					2 204
Net Assets		(must agree with end-of-year figure reported on blood years return)					<del></del>
ş	20	Other changes in net assets or fund balances (attach explanation)					
Carrer of the	21	Net assets or fund balances at end of year Combine lines 18 through 20					
P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or m	nore, fil				
		(See the instructions for Part II )		(A)	Beginning of		
22		h, savings, and investments					
23	Lan	d and buildings		ļ	43,		
24	Oth	er assets (describe ▶		)	<del> </del>		
25		al assets					
26	Tota	al liabilities (describe NOTES PAYABLE		)			
27	Net	assets or fund balances (line 27 of column (B) must agree with line 21)			-3,3	384.	
832	171 17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions to	r Form	1 990.			Form <b>990-EZ</b> (200

Forr	$_{ m 0.990-EZ}$ (2008) FRATERNAL ORDER OF EAGLES			47-	-03922	66 Page 2
	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III )		Ex	penses
	t is the organization's primary exempt purpose? FRATERNAL LODG		<del> /</del>		(Required	for 501(c)(3)
	•		accurbe the convec			ganizations and
	combe what was achieved in carrying out the organization's exempt purposes. In a		escribe the services		for others	) trusts, optional
	rided, the number of persons benefited, or other relevant information for each pr				TOT OUTERS	<u> </u>
28	FRATERNAL LODGE PROVIDING SOCIAL IN	TERACTION FOR	MEMBERS		1 1	
	AND CHARITABLE FUND RAISING				1	
	(Grants \$ ) If this amount includes foreign of	grants check here			28a	
20	The time diffusion to reaging	Traine, encour, no. o	<u>,</u>			
29		<del></del>				
			<del></del>			
	(Grants \$ ) If this amount includes foreign of	grants, check here	<u> </u>		29a	
30						
					l i	
			<b>•</b>	$\overline{}$	000	
	(Grants \$ ) If this amount includes foreign of	grants, check here			30a	
31	Other program services (attach schedule)			_	]	
	(Grants \$ ) If this amount includes foreign of	grants, check here .	<b>&gt;</b>		31a	
32	Total program service expenses (add lines 28a through 31a)				32	
Ď,	art IV List of Officers, Directors, Trustees, and Key E	mplovees. List each one ex	ven if not compensated	(See the	instructions f	for Part IV )
LELE	41.14.1				ontributions	
		(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)	d	eferred	other allowances
				com	pensation	
HA	RRY LAYNE	PRESIDENT		1		
WA	HOO, NE 68066	5.00	0.		0.	0.
	M JONAS	VICE PRESIDEN				
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	HOO, NE 68066	5.00	U •		<u> </u>	0.
	B BOWMAN	SECRETARY	_		_	_
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RC	XANNE MEDINA	TREASURER				
	0 E 3, WAHOO, NE 68066	5.00	0.		0.	0.
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832 <sup>1</sup> 12-1	7-08				Form	990-EZ (2008)

PE	THE VIOLENT INTORMATION (Note the statement requirements in the instructions for Part VI.)			r
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<u>33</u> 34		X
34				X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a	,	<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	<del></del>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	ļ	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	] ]		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter.			
a	Initiation fees and capital contributions included on line 9 39a N/A			
þ	Gross receipts, included on line 9, for public use of club facilities  39b N/A			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 $\blacktriangleright$ N/A , section 4912 $\blacktriangleright$ N/A , section 4955 $\blacktriangleright$ N/A			
b	Section 501(c)(3) and (4) organizations 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," complete Schedule L, Part I	40b	N/	Α
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
41	List the states with which a copy of this return is filed $\blacktriangleright$ NE			
42 a	The books are in care of ► MAXINE PROCHASKA  Telephone no ► 402-44			
	Located at $\triangleright$ P. O. BOX 11, WAHOO, NE	806	6	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	لـــــا	Yes	
	account)?	42b		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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>X</u>
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		ŗ		
		<b>,</b>	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		<u> </u>
		Form 9	90-EZ	(2008)

Part V	tables for lines 50 and 51.	n 501(c)(3) organizations mus	st answer questio	ns 46-49 and co	mpie	te tne	
46 Did ti	he organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for publi	c		Yes	No
office	e? If "Yes," complete Schedule C, Part I				46		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
<b>48</b> Is the	e organization operating a school as described in section 170(b)(1)(A)	(II)? If "Yes," complete Sched	ule E .		48		
49a Did ti	9a Did the organization make any transfers to an exempt non-charitable related organization?						
b, If "Ye	es," was the related organization(s) a section 527 organization?			L	49b	<u></u>	
	plete this table for the five highest compensated employees (other that ompensation from the organization. If there is none, enter "None."	n officers, directors, trustees and	key employees) wh	o each received m	ore th	an \$10	000,000
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contribution to employee benefit plans & deferred compensation	( a	ccount	t and
	plete this table for the five highest compensated independent contractine, enter "None"  N/A  (a) Name and address of each independent contractor paid more	·	(b) Type of so	····			
						than \$100,000  (E) Expense account and her allowances  mization. If there	
Total numl	ber of other undependent contractors each receiving over \$100,000	eccempanying achedules and statemen	to and to the best of	my knowledge and hal	of it is	trie	
Sign Here	Under penalties of penury, I declare that have examined this return, including correct, and complete Declaretion of preparer (other than officer) is based on a Signature of officer	linformation of which preparer has any	knowledge	<u>U</u> -12-	0		
	Type or print name and title						
Paid Preparer's Use Only		Date 04/09/10 em		eparer's Identifying N	ımber	See ins	itr)
Joa VIIIY	Hrm's name (or yours if self-employed), address, and ZIP+4  WILLIAM E COLLINS CPA  13057 WEST CENTER ROAD  OMAHA, NE 68144	D SUITE 14	EIN Pho no	ne 🕨	58-	055	 3
May the ID	IS discuss this return with the preparer shown above? See instructions	•					$\overline{}$
וייום אַ נווס ווי	no arecess this letrin with the brebater shown above. See instruction:	<u> </u>	•			_	

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
ADVERTISING BANK FEES NATIONAL DUES		73. 6,055.
INTEREST OTHER		310.
TOTAL TO FORM 990-EZ, L	INE 16	6,438.

FORM 990-EZ	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 7A		STATEMENT 2
INCOME			
2. RETURNS AND ALLO	WANCES	72,424	72,424
	LD (LINE 13)	21,949	50,475
COST OF GOODS SOLD			
7. MERCHANDISE PURC 8. COST OF LABOR . 9. MATERIALS AND SU	PPLIES	21,949	
	UGH 10		21,949
	OF YEAR		21,949

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEME			NT 3	
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RECORDED INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[	] YES	[X]	NO	
,	SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• [	] YES	[X]	NO	