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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2010, or tax year beginning , 2010, and ending G Check all that apply. Initial return Initial Return of a former public charity Final return Amended return Address change Name change Employer identification number SPRINGFIELD EAGLES CHARITY INC 31-1592739 125 W. MAIN STREET Telephone number (see the instructions) SPRINGFIELD, OH 45502 (937) 398-1080 Ċ If exemption application is pending, check here D 1 Foreign organizations, check here Check type of organization X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation here and attach computation E If private foundation status was terminated Fair market value of all assets at end of year J Accounting method X Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination ► S 4,891. (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here Part | Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income ıncome for charitable columns (b), (c), and (d) may not neces-sarily equal the amounts in column (a) purposes (cash basis only) (see the instructions)) Contributions, gifts, grants, etc, received (att sch) 20,494 2 If the foundn is not req to att Sch B Interest on savings and temporary 22 cash investments 22 22 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10 REVERUE b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances ř, b Less Cost of c Gross profit/(loss) (att.sch). 11 Other income (attach schedule) Total. Add lines 1 through 11 516 22 22 13 Compensation of officers, directors, trustees.14 Other employee salaries and wages 3,780 15 Pension plans, employee benefits 16a Legal fees (atfact schedule) N. . b Accounting fees-(attach sch) SEE ST 1 1,215 1,215. c Other prof fees (attach sch) 17 Interest 18 Taxes (attach schedule)(see instr.) SEE STM 2 389. 389. 19 Depreciation (attach sch) and depletion 20 Occupancy 5,400 5,400 Travel, conferences, and meetings 21 Printing and publications 22 Other expenses (attach schedule) SEE STATEMENT 1,635. 1,635. Total operating and administrative expenses. Add lines 13 through 23 12,419 12,419 Contributions, gifts, grants paid PART XV 29,841 29,841 Total expenses and disbursements. Add lines 24 and 25 42,260 0 0 42,260 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements -21,744 b Net investment income (if negative, enter -0-) 22 C Adjusted net income (if negative, enter -0-) 22

9)6

| Dar | • 11 | Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only | Beginning of year | End | of year |
|-----------------------|---------------|--|--------------------------|----------------|--|
| Pai | | Balance Sheets column should be for end of year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash — non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 26,586. | 4,891. | 4,891. |
| | 3 | Accounts receivable . | | ± • ± | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ► | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable . | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) | | | |
| | 7 | Other notes and loans receivable (attach sch) | | | 8 |
| Ą | 1 | Less. allowance for doubtful accounts ▶ | | | |
| A S S E T | 8 | Inventories for sale or use . | | | |
| E | 9 | Prepaid expenses and deferred charges | | | |
| Ś | 10: | a Investments — U.S. and state government obligations (attach schedule). | | | |
| | 1 | b Investments — corporate stock (attach schedule) | | | |
| | (| c Investments — corporate bonds (attach schedule) . | | | |
| | 11 | Investments — land, buildings, and equipment basis ► | | | |
| | | Less. accumulated depreciation (attach schedule) | | | |
| | 12 | Investments – mortgage loans | | | |
| | 13 | Investments – other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment, basis | , , , | | |
| | | Less: accumulated depreciation (attach schedule) | | | |
| | 15 | | | | |
| | 16 | Total assets (to be completed by all filers — see instructions. Also, see page 1, item I) | 26,586. | 4,891. | 4,891. |
| Ļ | 17 | Accounts payable and accrued expenses | | | <u> </u> |
| À | 18 | Grants payable | | | 1/2/3/2 1 1/2/2 1/4 |
| В | 19 | Deferred revenue | | | |
| Ļ | 20 | Loans from officers, directors, trustees, & other disqualified persons | | | The state of |
| ļ | 21 | Mortgages and other notes payable (attach schedule) | | | |
| <u>i</u> | 22 | Other liabilities (describe SEE STATEMENT 4) | 345. | 394. | |
| E S | 23 | Total liabilities (add lines 17 through 22) | 345. | 394. | |
| <u> </u> | | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. | | | |
| N F E U T N | 24 | Unrestricted | 26,241. | 4,497. | A STATE OF THE STA |
| EU | 25 | Temporarily restricted | | | |
| _ D | 26 | Permanently restricted | | | £ 15 . |
| A B A L A | | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | | | |
| EL | 27 | Capital stock, trust principal, or current funds. | | | |
| SN | 28 | Paid-in or capital surplus, or land, building, and equipment fund | | | |
| οE | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| RS | 30 | Total net assets or fund balances (see the instructions) | 26,241. | 4,497. | |
| | 31 | Total liabilities and net assets/fund balances (see the instructions) | 26,586. | 4,891. | |
| Par | t III | Analysis of Changes in Net Assets or Fund Balance | es | | , |
| 1 | Total end- | net assets or fund balances at beginning of year – Part II, coluing of year – Part II, coluing reported on prior year's return). | mn (a), line 30 (must a | gree with | 26,241. |
| 2 | | r amount from Part I, line 27a | | 2 | -21,744. |
| 3 | | increases not included in line 2 (itemize) | • | 3 | |
| 4 | | lines 1, 2, and 3 | | 4 | 4,497. |
| 5 | | ases not included in line 2 (itemize) | | 5 | |
| 6 | | net assets or fund balances at end of year (line 4 minus line 5) | - Part II, column (b), I | ine 30 6 | 4,497. |

| (a) List and descrit | pe the kind(s) of property sold (e.g., ruse, or common stock, 200 shares MI | eal estate. | (b) How acquiii P — Purchas D — Donatio | e (month, day, year) | (d) Date sold (month, day, year) |
|---|---|--|---|--|-------------------------------------|
| 1a N/A | | | D — Donatio | <u> </u> | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other bar plus expense of sa | | (h) Gain or (e) plus (f) m | |
| a | | | | | |
| <u>b</u> | | | | | |
| С | | | | | |
| d | | | | | |
| e Occasional and the contract of the | 40 | | | | |
| (i) Fair Market Value as of 12/31/69 | ving gain in column (h) and owned b (j) Adjusted basis as of 12/31/69 | (k) Excess of column over column (j), if a | 1 (1) | (I) Gains (Col gain minus column (than -0-) or Losses (fi | k), but not less |
| | | - | | | |
| ab | | | | | |
| | | | | · · · | |
| d | | | | | |
| e | • | | | | |
| 2 Capital gain net income or (ne | et capital loss) If gain, also | enter in Part I, line 7 ter -0- in Part I, line 7 | | 2 | |
| 3 Net short-term capital gain or | (loss) as defined in sections 1222(5) | — | | | |
| If gain, also enter in Part I, lin | e 8, column (c) (see the instructions) |). If (loss), enter -0- | | 3 | |
| Part V Qualification Unde | er Section 4940(e) for Reduce | d Tax on Net Investme | ent Incom | e | |
| If 'Yes,' the foundation does not qua | ction 4942 tax on the distributable an alify under section 4940(e) Do not co | mplete this part | | Yes | ☐ No |
| | in each column for each year, see th | | g any entries | | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use ass | sets (d | (d) Distribution column (b) divided | |
| 2009 | | | | • | |
| 2008 | | | | | |
| 2007 | | | | | |
| 2006 | | | | | |
| 2005 | | | | 1 | |
| 2 Total of line 1, column (d) | | | | 2 | |
| 3 Average distribution ratio for the number of years the foundation | he 5-year base period – divide the to n has been in existence if less than 5 | otal on line 2 by 5, or by the 5 years | | 3 | |
| 4 Enter the net value of nonchar | ritable-use assets for 2010 from Part | X, line 5 | | , | |
| 5 Multiply line 4 by line 3 | | 5 | | | |
| 6 Enter 1% of net investment in | | | - | | |
| | Como (170 or 1 art 1, line 270) | | | | |
| 7 Add lines 5 and 6 | | | | | |
| 8 Enter qualifying distributions for | · | line 1h, and consists that | and warms o | | |
| Part VI instructions. | than line 7, check the box in Part VI, | mile 10, and complete that p | Jan using a | i m lax rate See tr | IC |

| Form 990-PF (2010) SPRINGFIELD EAGLES CHARITY INC 31-1 | 1592739 | P | age 4 |
|--|---------------|---------------------------------------|-----------|
| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see to | the instructi | ons) | |
| 1 a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1. | | | <u> </u> |
| Date of ruling or determination letter: (attach copy of letter if necessary — see instr.) | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, | 1 | | 0. |
| check here ▶ ☐ and enter 1% of Part I, line 27b | | | ~ |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part 1, line 12, column (b) | | | · 1 |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable | | · / | . ", |
| foundations only Others enter -0-). | 2 | | 0. |
| 3 Add lines 1 and 2 | 3 | | 0. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 4 | | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | <u>0.</u> |
| 6 Credits/Payments: | , , , , , | | ~ ':] |
| a 2010 estimated tax pmts and 2009 overpayment credited to 2010 | | | |
| b Exempt foreign organizations — tax withheld at source 6b | 3 3 4 | * | |
| c Tax paid with application for extension of time to file (Form 8868) | | • | |
| d Backup withholding erroneously withheld | _ [: -: | | |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | | 0. |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | 0. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2011 estimated tax Refunded Refunded | 11 | | |
| Part VII-A Statements Regarding Activities | 11 [| | |
| | T | Yes | No |
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | - - | 1a | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | | 1ь | х_ |
| If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials pub or distributed by the foundation in connection with the activities | blished | | |
| c Did the foundation file Form 1120-POL for this year? | - | 1c | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | Ī | 7 7 | 1 8 |
| (1) On the foundation \$\\ 0\\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ | 0. | 4 163 | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed of foundation managers ► \$ 0. | ນ ີ | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | X |
| If 'Yes,' attach a detailed description of the activities | ľ | 7 7 | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | . | | |
| of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | | 3 | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | X |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | . [| 4b N | /A |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | <u>X</u> |
| If 'Yes,' attach the statement required by General Instruction T. | 1 | | 1 7 |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | 4 |
| By language in the governing instrument, or | | | . ! |
| By state legislation that effectively amends the governing instrument so that no mandatory directions that co with the state law remain in the governing instrument? | nflict | 6 | X |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | - | 7 X | |
| 8a Enter the states to which the foundation reports or with which it is registered (see the instructions) | l. | 7 78 | |
| ОН | | | 1 1 1 |
| b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i> | - | 8b X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete | 4942()(5) | 9 | , , V |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their na | | 3 | <u> </u> |
| and addresses. | | 10 | X |
| BAA | Forr | m 990-PF (| ZU10) |

| _ | | 04 450 | | | |
|-----|--|----------------|---------|----------|---------|
| | m 990-PF (2010) SPRINGFIELD EAGLES CHARITY INC rt VII-A Statements Regarding Activities (Continued) | 31-159 | 2739 | F | Page 5 |
| | | | | | T |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions) | | 11 | | х |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | | 12 | | х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address . ► N/A | application? | 13 | X | |
| 14 | The books are in care of ► LARRY L WEAR Telephone | no ► (93 | 37) 398 | 3-108 | 30 |
| | Located at ► 125 W MAIN ST, SPRINGFIELD, OH ZIP + 4 ► | 45502 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | N/Z | <i>i</i> | |
| | and enter the amount of tax-exempt interest received or accrued during the year | ► 15 | | | N/A |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other au bank, securities, or other financial account in a foreign country? | lhority over a | 1 16 | Yes | No X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the national foreign country. ▶ | me of the | | | • • |
| Pai | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | | ٠ |
| | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | | Yes | No |
| 1 | a During the year did the foundation (either directly or indirectly) | | | - | , , |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | Yes X | ło | 1 | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | Yes XI | 10 | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | No . | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | Yes X N | 1o : | 350 | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | Yes XN | 10 f | , | *** |
| | (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) | Yes XN | 10 | 1 | |
| | b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instruction | 1S)? | 1b | N | /A |
| | Organizations relying on a current notice regarding disaster assistance check here. | ▶ 🗍 | 1, | . , , . | . 1 |
| | c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010? | | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | • | |
| | a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? | Yes XN | lo · | P. | |
| | If 'Yes,' list the years ▶ 20, 20, 20 | J L | | | ' |
| | b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a | | - | | |
| | all years listed, answer 'No' and attach statement — see the instructions) | | 2b | N | /A |
| | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he 20, 20, 20 | re | | | -, |
| 3 | a Did the foundation hold more than a 2% direct or indirect interest in any business | Yes X | 10 | , ; | |
| 1 | b If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to | - J | | | |
| | (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010) | | 3 b | N | /A |

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

Form 990-PF (2010)

4a

| Part VIII. Statements Regarding Activities for Which Form 4720 May 8e Required (continued) | Form 990-PF (2010) SPRINGFIELD EAGLE. Part VILB Statements Regarding Activity | | n 4720 May Re Peg | | 92739 Page 6 |
|--|---|--|--|-------------------------------------|---------------------------------------|
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(a))? (2) Influence the outcome of any searic public election (see section 4955), or to carry on, directly or indirectly, any voter eigistation driver? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide a grant to an individual for travel, study, or other similar purposes? (6) Provide a grant to an individual for travel, study, or other similar purposes? (7) Provide a grant to an individual for travel, study, or other similar purposes? (8) Provide a grant to an individual for travel, study, or other similar purposes? (9) Provide a grant to an individual for travel, study, or other similar purposes? (9) Provide a grant to an individual for travel, study, or other similar purposes? (9) Provide a grant to an individual for travel, study, or other similar purposes? (9) Provide a grant to an individual for travel, study, or other similar purposes? (9) Provide a grant to an individual for travel, study or travel, study or for the provides of the study of the study of the similar purposes. (1) If any time the study of the similar purposes of the similar purposes. (1) If yes, attach the statement required by Regulations section 33 4945-5(a). (2) End the foundation, during the year, pay premiums, directly or indirectly, in pay premiums on a personal benefit contract. (1) If yes, a stach the statement required by Regulations section 33 4945-5(a). (2) End the foundation, during the year, pay premiums, directly or indirectly, in pay premiums. (1) If yes, a stach the statement required by Regulations section 33 4945-5(a). (8) If yes, a stach the statement required by Regulations section 33 4945-5(a). (9) If yes, a stach the statement required by Regulations section 35 4945-5(a). (1) If yes, a stach the statement required by Regulations section 35 4945-5(a). (1) If yes, a stach the statement requ | | | 11 4720 May be Key | uneu (continueu) | |
| on, directly or indirectly, any voter registration drive? 3) Provide a grant to an individual for travel, study, or other similar puriposes? (4) Provide a grant to an organization other than a charidable, etc., organization described in section 509(a)(1), (2) or (3), or section 440(0)(2)? Gee instructions) (5) Provide for any purpose other than religious, charidable, scentific, literary, or educational purposes, or for the prevention of circlety to children or animals? bit is any answer is "Yes" to 54(1)-(5), and any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here cif if the answer is "Yes" to question 54(4), does the foundation claim exemption from the tax because in mainlande expenditure responsibility for the grant? If "Yes" is dischart required by Regulations section 53 4945-5(d) If "Yes" is dischart required by Regulations section 53 4945-5(d) If "Yes" to dis, the Form 8370 At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Yes No bit yes, did the foundation, during the year, year prenium, directly, or provided to the transaction? Yes No bit yes, did the foundation during the year, was the foundation aparty to a prohibited tax sheller transaction? Yes No bit yes, did the foundation during the year, was the foundation and previous the foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation fee instructions). 1 Ves No bit yes, did the foundation receive any proceeds on have any net income attributable to the transaction? Yes No bit yes, did the foundation decrease any foundation fee instructions). 1 List all officers, directors, trustees, foundation managers and their compensation of the foundation fee instructions. 1 | - • | • | on (section 4945(e))? | Yes X | No |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc. organization described in section 59(6)(1), (6), or (5), or section 4940(6)(2) (dee instructions) (5) Provide for any purpose other than religious, charitable, scenific, literary, or eticalization purposes, of the prevention of cruely to chicken or animals? bit any answer is "Yes to 5a(1)-(5), and any of the transactions fail to qualify under the exceptions described in Regulations section 35 4945 or for a current notice regarding disaster assistance of the prevention of cruely to chicken or animals? c) If the answer is "Yes to question 5a(4), does the foundation claim exemption from the tax because it minimated considerative reportability for the grant? if "Yes," attach the statement required by Regulations section 53 4945 5(a) 6a Dut the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contact? if "Yes," attach the statement required by Regulations section 53 4945 for indirectly, to pay premiums on a personal benefit contact? if "Yes," attach the statement required by Regulations section 53 4945 for minimal provided the statement of the provided to the statement of the statement required by Regulations section 53 4945 for minimal provided to the statement of the statement required by Regulations section 53 4945 for minimal provided to the statement of the statement required by Regulations section 53 4945 for minimal provided to the statement of the statement required by Regulations section 53 4945 for minimal provided to the statement of the statement required by Regulations section 53 4945 for minimal provided to the statement of the statement required by Regulations section 54 4945 for the statement required by Regulations section 54 4945 for the statement of the statement required by Regulations section 54 4945 for the statement required by Regulations section 54 4945 for the statement req | (2) Influence the outcome of any specific put | No. | | | |
| in section 509(n(t), (2), or (3), or section 4940(d(2))* (see instructions) (5) Provide for any purposes other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (b) If any amore is "A's to Sach (1), 5), did any of the transactions station could'y under the exceptions (see instructions)? Organizations relying on a current notice regarding disaster assistance check here (1) the animal state of the foundations selving on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here (1) the animal state of the second of the sec | | _ | | | |
| educational purposes, or for the prevention of cruelly to children or animals? bit if any answer is "Yes to Sato)" (5), dia any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here I the animal service of the service of th | (4) Provide a grant to an organization other t in section 509(a)(1), (2), or (3), or section |] No | | | |
| described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions) Organizations relying on a current notice regarding disaster assistance check here If the answer is Yes's to question 53(4), does the foundation claim exemption from the lax because it maintained expenditure responsibility for the grant? If Yes' at that the statement required by Regulations section 53 4945-5(a) 6a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If Yes' to 6b, the Form 8270 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? If Yes' to 6b, the Form 8270 7a At any time during the tax year, was the foundation as party to a prohibited tax sheller transaction? The time during the tax year, was the foundation as party to a prohibited tax sheller transaction? The time during the tax year, was the foundation as party to a prohibited tax sheller transaction? The time during the tax year, was the foundation as party to a prohibited tax sheller transaction? The time during the tax year, was the foundation as party to a prohibited tax sheller transaction? The time during the tax year, was the foundation as party to a prohibited tax sheller transaction? The time during the tax year, was the foundation as party to a prohibited tax sheller transaction? The time during the tax year, was the foundation as party to a prohibited tax sheller transaction? The time during the tax year, was the foundation as party to a prohibited tax sheller transaction? The time during the tax year, year | (5) Provide for any purpose other than religion educational purposes, or for the prevention | No | | | |
| Organizations relying on a current notice regarding disaster assistance check here c if the answer is Yes' to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the gran? if Yes, attach the statement required by Regulations section 53 4945-5(d) 6 Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? bid the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract? bif yes, of the foundation receive any proceeds or have any net income attributable to the transaction? 1 List all officers, directors, trustees, foundation and party to a prohibited tax shelter transaction? 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundations and their compensation (see instructions). 1 List all of | described in Regulations section 53 4945 or in | [T] T [] | | | |
| tax because it maintained expenditure responsibility for the grant? If Yes attach the statement required by Regulations section 53 494.5 5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes to 6b, the Form 8370 7a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction? If Yes to 6b, the Form 8370 7a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction? It yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (d) Contributions to general compensation. 1 List all officers, directors, trustees, foundation managers and their compensation (d) Contributions to general compensation. 1 List all officers, directors, trustees, foundation managers and their compensation of the deferred compensation. 1 List all officers, directors, trustees, foundation managers and their compensation of the deferred compensation. 1 List all officers, directors, trustees, foundation managers and their compensation of the deferred compensation. 1 List all officers, directors, trustees, foundation managers, Highly Paid Employees, and Contractors. 1 List all officers, directors, trustees, foundation managers and their compensation. 1 List all officers, directors, trustees, foundation managers and their compensation. 1 List all officers, directors, trustees, foundation managers and their compensation. 1 | • | ırdıng dısaster assıstan | ce check here | ► [| 1 |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b If 'Yes' to 6b, file Form 870 7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7 at A any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to file and deferred compensation (e) Expense account of the deferred compensation (f) Contributions to file and deferred compensation (d) Contributions | c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon | the foundation claim exsibility for the grant? . | cemption from the | N/A Yes | No Est |
| on a personal benefit contract? bit de the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b bit yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b bit yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b bit yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b bit yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b bit yes, did the foundation during the tax shelter transaction? 7b bit yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b bit yes, did the foundation during the tax shelter transaction? 7c bit yes (a) Name and address (b) Title and average floor process and their compensation (see instructions). (c) Compensation (d) Contributions to emphasize and deferred compensation. (c) Compensation (d) Contributions to emphasize be and the received of position (d) Contributions to emphasize benefit to the transaction? 7c compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.' (a) Name and address of each employee for weak devoted to position (d) Contributions to emphasize the paid and the process of expensive weak devoted to position (d) Confrobutions to emphasize the paid and the process of expensive the paid and the p | | | (-) | | |
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| Dityes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b | | iums, directly or indirec | ctly, on a personal bene | | |
| Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address | | | | | |
| Tust all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title and average hours per week devoted to position (ff not paid, enter -0) compensation (the rallowances) plans and deferred compensation (the rallowances) plans an | | | | | |
| 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (f) Compensation (f) Contributions to employee benefit plans and deferred compensation (o) Compensation (o) Compensation (o) Compensation (o) Compensation (o) Contributions to employee benefit plans and deferred compensation (o) Contributions to employee benefit plans and deferred compensation (o) Contributions to employee benefit plans and deferred compensation (o) Contributions to employee benefit plans and deferred compensation (o) Compensation (o) Contributions to employee benefit plans and deferred compensation (o) Contributions to employee benefit plans and deferred compensation (o) Contributions to employee benefit plans and deferred compensation (o) Contributions to employee benefit plans and deferred compensation (o) Contributions to employee benefit plans and deferred compensation (o) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account and the plant an | and Contractors | irectors, irustees, | Foundation Manag | gers, Hignly Pala | Employees, |
| (a) Name and address (b) Title and average hours per week devoted to position (f) not paid, enter -0-) LARRY L WEAR 1525 SHADELAND DR SPRINGFIELD, OH 45502 RICHARD STEINMETZ TRUSTEE TO O SPRINGFIELD, OH 45502 LORIN M WEAR JR JOE JOHNSON JOE JOHNSON 2948 ARCHER LANE SPRINGFIELD, OH 45503 Compensation TRUSTEE O. O | | n managers and their | compensation (see inst | ructions) | |
| Can Name and address Can Name and Na | List an officers, directors, trustees, foundation | | | | Taxe . |
| 1525 SHADELAND DR SPRINGFIELD, OH 45502 RICHARD STEINMETZ TRUSTEE O SPRINGFIELD, OH 45502 LORIN M WEAR JR SPRINGFIELD, OH 45504 JOE JOHNSON TRUSTEE O SPRINGFIELD, OH 45503 2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.' (a) Name and address of each employee paid more than \$50,000 NONE (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (f) Title and average hours per week devoted to position (e) Expense account, other allowances (f) Total number of other employees paid over \$50,000 | (a) Name and address | hours per week | (c) Compensation (If not paid, enter -0-) | employee benefit plans and deferred | (e) Expense account, other allowances |
| SPRINGFIELD, OH 45502 RICHARD STEINMETZ 5778 WILLOWDALE RD SPRINGFIELD, OH 45502 LORIN M WEAR JR 3869 NEW CARLISLE RD SPRINGFIELD, OH 45504 JOE JOHNSON 2948 ARCHER LANE SPRINGFIELD, OH 45503 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.' (a) Name and address of each employee paid more than \$50,000 NONE (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances of the employee sheet to employee benefit plans and deferred compensation NONE Total number of other employees paid over \$50,000 | LARRY L WEAR | TRUSTEE | 3,780. | | 0. |
| RICHARD STEINMETZ 5778 WILLOWDALE RD 0 SPRINGFIELD, OH 45502 LORIN M WEAR JR TRUSTEE 0. 0. 1 RUSTEE 0. 0. 0. 0. 0. 0. 0. 0. 0. | 1525 SHADELAND DR | 40.00 | · | | |
| 5778 WILLOWDALE RD SPRINGFIELD, OH 45502 LORIN M WEAR JR TRUSTEE 0. 0. 0. 0. SPRINGFIELD, OH 45504 JOE JOHNSON 2948 ARCHER LANE SPRINGFIELD, OH 45503 2 Compensation of five highest-paid employee (other than those included on line 1- see instructions). If none, enter 'NONE.' (a) Name and address of each employee hours per week devoted to position NONE (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and defrered compensation (d) Contributions to employee benefit plans and defrered compensation (e) Expense account, other allowances of the remover of th | SPRINGFIELD, OH 45502 | | | | |
| SPRINGFIELD, OH 45502 LORIN M WEAR JR 3869 NEW CARLISLE RD JOE JOHNSON TRUSTEE O TRUSTEE O TRUSTEE O O O O O O O O O O O O | RICHARD STEINMETZ | TRUSTEE | 0. | 0. | 0. |
| LORIN M WEAR JR 3869 NEW CARLISLE RD SPRINGFIELD, OH 45504 JOE JOHNSON 2948 ARCHER LANE SPRINGFIELD, OH 45503 2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.' (a) Name and address of each employee hours per week devoted to position NONE (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (o) Total number of other employees paid over \$50,000 | 5778 WILLOWDALE RD | 0 | | | |
| 3869 NEW CARLISLE RD SPRINGFIELD, OH 45504 JOE JOHNSON TRUSTEE O. O. O. O. 2948 ARCHER LANE SPRINGFIELD, OH 45503 2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.' (a) Name and address of each employee paid more than \$50,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (other allowances) Total number of other employees paid over \$50,000 | SPRINGFIELD, OH 45502 | | | | |
| SPRINGFIELD, OH 45504 JOE JOHNSON 2948 ARCHER LANE SPRINGFIELD, OH 45503 2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.' (a) Name and address of each employee paid more than \$50,000 NONE (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances other allowances Total number of other employees paid over \$50,000 | LORIN M WEAR JR | TRUSTEE | 0. | 0. | 0. |
| JOE_JOHNSON TRUSTEE 0 . 0 . 0 . 0 . 2948 ARCHER LANE SPRINGFIELD, OH 45503 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.' (a) Name and address of each employee hours per week devoted to position (b) Title and average hours per week devoted to position (c) Compensation employee benefit plans and deferred compensation NONE Total number of other employees paid over \$50,000 | 3869 NEW CARLISLE RD | 0 | | | |
| 2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.' (a) Name and address of each employee paid more than \$50,000 NONE (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances other allowances Total number of other employees paid over \$50,000 | | | | | |
| SPRINGFIELD, OH 45503 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.' (a) Name and address of each employee paid more than \$50,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (f) Compensation (II none, enter 'NONE.' (II | | TRUSTEE | 0. | 0. | 0. |
| 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.' (a) Name and address of each employee paid more than \$50,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (n) NONE (n) Total number of other employees paid over \$50,000 | | 0 | | | |
| (a) Name and address of each employee hours per week devoted to position (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (ii) Title and average hours per week devoted to position (iii) Total number of other employees paid over \$50,000 | | | | | |
| NONE NONE Total number of other employees paid over \$50,000 hours per week devoted to position other allowances other allowances | | | r***** | structions). If none, e | enter 'NONE.' |
| NONE Total number of other employees paid over \$50,000 ▶ 0 | (a) Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | employee benefit plans and deferred | (e) Expense account, other allowances |
| | NONE | | | | |
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| Form 990-PF (2010) SPRINGFIELD EAGLES CHARITY INC | 31-1592739 Page 7 |
|---|--------------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Manand Contractors (continued) | igers, Highly Paid Employees, |
| 3 Five highest-paid independent contractors for professional services (see instructions). If enter 'NONE. | none, |
| | pe of service (c) Compensation |
| NONE | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total number of others receiving over \$50,000 for professional services | • 0 |
| Part IX A Summary of Direct Charitable Activities | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such organizations and other beneficiaries served, conferences convened, research papers produced, etc. | as the number of |
| | |
| 1 PROVIDE SHOES, CLOTHING, MEDICAL EQUIPMENT TO NEEDY IN TO OHIO AREA. | IE CLARK CO |
| COMMUNICATION TO CHARTETE AND COURTS TO DEPURE THE CLASS | 867. |
| 2 CONTRIBUTION TO CHARITIES AND SCHOOLS TO BENEFIT THE CLA AREA. | GK CO OHIO |
| | 28,974. |
| 3 | |
| | |
| 4 | |
| | |
| Părt IX-B's Summary of Program-Related Investments (see instructions) | |
| Describe the two largest program-related investments made by the foundation during the tax ye | r on lines 1 and 2 Amount |
| 1 <u>N/A</u> | |
| | |
| 2 | |
| | |
| All other program-related investments. See instructions | |
| 3 | |
| | |
| Total. Add lines 1 through 3 | Form 990-PF (2010) |
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| Form 990-PF (2010) SPRINGFIELD EAGLES CHARITY INC | 31-1592739 | Page 8 |
|--|-------------------|-------------|
| Part X Minimum Investment Return (All domestic foundations must complete this part see instructions.) | . Foreign foundat | ions, |
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities. | 1a | |
| b Average of monthly cash balances . | 1 b | |
| c Fair market value of all other assets (see instructions) | 1 c | |
| d Total (add lines 1a, b, and c) | 1 d | 0. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets | | |
| 3 Subtract line 2 from line 1d | 3 | |
| | 3 | |
| 4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 0. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 | 0. |
| Párt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private of and certain foreign organizations check here ■ and do not complete this 1 Minimum investment return from Part X, line 6 | | ons ———— |
| 2a Tax on investment income for 2010 from Part VI, line 5 | 法多 | |
| b Income tax for 2010 (This does not include the tax from Part VI) 2b | | |
| c Add lines 2a and 2b | 2c | |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 Add lines 3 and 4 | 5 | |
| 6 Deduction from distributable amount (see instructions) | 6 | |
| 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 0. |
| Part XII Qualifying Distributions (see instructions) | | |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1a | 42,260. |
| b Program-related investments — total from Part IX-B | 1 b | |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes | 2 | |
| 3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) | 3a | |
| b Cash distribution test (attach the required schedule) | 3 b | |
| 4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 42,260. |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

BAA Form 990-PF (2010)

42,260.

6

Part XIII Undistributed Income (see instructions)

| • | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|--|----------------|--|--------------------|--------------------|
| 1 Distributable amount for 2010 from Part XI, line 7 | | | | 0. |
| 2 Undistributed income, if any, as of the end of 2010 | | | | |
| a Enter amount for 2009 only | | | 0. | |
| b Total for prior years 20, 20, 20 | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010: | | | | ' |
| a From 2005 200,860. | | | | |
| b From 2006 231, 452. | , | | | , |
| c From 2007 70, 572. | , . | | | |
| d From 2008 34, 360. | | | , | |
| e From 2009 30, 408. | 567,652. | | | |
| f Total of lines 3a through e 4 Qualifying distributions for 2010 from Part | 301,032. | | | |
| XII, line 4. ► \$ 42,260. | | | | |
| a Applied to 2009, but not more than line 2a | | | 0. | t . |
| b Applied to undistributed income of prior years | | | | |
| (Election required — see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required – see instructions) | 0. | , | | _ |
| d Applied to 2010 distributable amount | <u> </u> | | , | 0. |
| e Remaining amount distributed out of corpus | 42,260. | ************************************** | | |
| 5 Excess distributions carryover applied to 2010 | 0. | | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | • | | | |
| Same amount must be shown in column (a) | , . | • | | |
| 6 Enter the net total of each column as | - | , | , | - |
| indicated below: | 600 010 | ٠ , | _ | · . |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 609,912. | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | 0. | - | |
| c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency | | | • | 1 |
| has been issued, or on which the section | | | | j |
| 4942(a) tax has been previously assessed | | 0. | , | · |
| d Subtract line 6c from line 6b. Taxable | | 0. | , | |
| amount – see instructions | | <u> </u> | | |
| e Undistributed income for 2009 Subtract line 4a from line 2a. Taxable amount — see instructions | | <u>-</u> | 0. | |
| | | | | |
| f Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be | | - | | |
| distributed in 2011 | | | • | 0. |
| 7 Amounts treated as distributions out of | | | | \ { |
| corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) | | | , | |
| (see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions) | 200,860. | | | - 4 |
| 9 Excess distributions carryover to 2011. | 200/000 | | | |
| Subtract lines 7 and 8 from line 6a . | 409,052. | | | |
| 10 Analysis of line 9 | ٠ | | . , | |
| a Excess from 2006 231, 452. | | | | { |
| b Excess from 2007 . 70, 572 . c Excess from 2008 34, 360 . | • | ` | | |
| d Excess from 2009 30, 408. | | | | 1 |
| e Excess from 2010 . 42, 260. | | | | j |
| 72,200. | | | | |

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|--|--|--|--|---|----------------------------------|
| Part XIV Private Operating Foundation | | | | | N/A |
| 1a If the foundation has received a ruling or our is effective for 2010, enter the date of the | determination letter ruling | that it is a private of | operating foundation | n, and the ruling | |
| b Check box to indicate whether the foundation | | erating foundation d | escribed in section | 4942(j)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum investment return from Part X for | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | · · · · - |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | · | | - · · · · | - |
| Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | | | | · · · · · · |
| 3 Complete 3a, b, or c for the alternative test relied upon. | | | | | |
| a 'Assets' alternative test — enter | | | | | |
| (1) Value of all assets . | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | - | | | |
| c 'Support' alternative test - enter | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section | | | | | |
| 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) | | | | | |
| (3) Largest amount of support from an exempt organization | *** | | | | |
| (4) Gross investment income | | <u> </u> | | | |
| Part XV Supplementary Information assets at any time during the | (Complete this | part only if the | organization ha | d \$5,000 or mor | e in |
| 1 Information Regarding Foundation Manage | | structions.) | | | |
| a List any managers of the foundation who h | nave contributed me | ore than 2% of the | total contributions re | eceived by the found | dation before the |
| close of any tax year (but only if they have NONE | e contributed more | than \$5,000). (See | section 507(d)(2)) | ŕ | |
| b List any managers of the foundation who | own 10% or more o | f the stock of a corp | poration (or an equa | Illy large portion of | the ownership of |
| a partnership or other entity) of which the NONE | foundation has a 1 | 0% or greater intere | est | | |
| | | | | | |
| 2 Information Regarding Contribution, Gran | | | | | |
| Check here \(\bigcup \) If the foundation only n requests for funds. If the foundation make complete items 2a, b, c, and d | nakes contributions s gifts, grants, etc, | to preselected char (see instructions) to | ritable organizations o individuals or orga | and does not acce inizations under oth | pt unsolicited er conditions, |
| a The name, address, and telephone number | r of the person to v | whom applications s | should be addressed | • | |
| | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| SEE STATEMENT 5 | | | | | |
| b The form in which applications should be s | submitted and infor | mation and materia | is they should include | de: | |
| SEE STATEMENT FOR LINE 2A | | | | | |
| c Any submission deadlines. | | | | | |
| SEE STATEMENT FOR LINE 2A | | | | | <u> </u> |
| d Any restrictions or limitations on awards, s | such as by geograp | hical areas, charitat | ole fields, kinds of in | stitutions, or other | factors |
| SEE STATEMENT FOR LINE 2A | | | | | |
| | | | | | |

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution status of **Amount** recipient Name and address (home or business) a Paid during the year SEE STATEMENT 6 Total 29,841. За b Approved for future payment Total

Part XVI-A Analysis of Income-Producing Activities

| Enter gross | s amounts unless otherwise indicated. | | ed business income | | by section 512, 513, or 514 | (e) |
|--|---|--|---|----------------------------------|---|--|
| • | | (a) Business code | (b) Amount | Exclu- sion | (d) Amount | Related or exempt function income (see the instructions) |
| | ram service revenue | | ļ | code | | |
| | | | | <u> </u> | | |
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| | | - | | ļ | <u> </u> | |
| _ | | | | Ī., | | |
| f | | | | | | |
| g Fees | and contracts from government agencies | | | | | |
| | bership dues and assessments | | | <u> </u> | | |
| | st on savings and temporary cash investments | | | <u> </u> | | 22. |
| | ends and interest from securities | 7 745 AT. | Sec. Fritain Cold at | 100 gr | | 1 (1 (A) (4) (7) (4) |
| | ental income or (loss) from real estate | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | William Charles to the | 3.113. | 48 - 1321 - FAPP & 15 15 15 15 1 | 1 () () () () () () () () () (|
| | financed property lebt-financed property | <u> </u> | | | | |
| | ntal income or (loss) from personal property | ļ | | | | _ |
| | r investment income | | | | | |
| | r (loss) from sales of assets other than inventory | | | | | |
| 9 Net in | ncome or (loss) from special events | | | | | |
| 10 Gross | s profit or (loss) from sales of inventory | | | | | |
| 11 Other | rrevenue | A STATE OF | 是国际的社会的产品的 | 3 10, | 1. 100000000000000000000000000000000000 | 好。 网络特别亚亚州 |
| a | | | | ļ | | |
| b | | | | ļ <u>.</u> | | |
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| d | | | | | | |
| 12 Subta | otal Add columns (b), (d), and (e) | **** | | 1000 | | 22. |
| | | | | | | |
| | | 2.43.45 Dist. 3.42 | | 1 | 13 | |
| 13 Total | . Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculating | | | | 13 | 22. |
| 13 Total (See works | . Add line 12, columns (b), (d), and (e) | ons.) | | | | |
| 13 Total (See works | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculate | ons.) | ishment of Exemp | t Purp | oses | 22. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. By Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemp | ons.) e Accompliancome is repit purposes (o | ishment of Exemported in column (e) of Fither than by providing for | t Purpo Part XVI- unds for | OSES A contributed important such purposes) (See t | 22. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. By Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemp | ons.) e Accompliancome is repit purposes (o | ishment of Exemported in column (e) of Fither than by providing for | t Purpo Part XVI- unds for | OSES A contributed important such purposes) (See t | 22. |
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| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. By Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemp | ons.) e Accompliancome is repit purposes (o | ishment of Exemported in column (e) of Fither than by providing for | t Purpo Part XVI- unds for | OSES A contributed important such purposes) (See t | 22. |
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| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. By Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemp | ons.) e Accompliancome is repit purposes (o | ishment of Exemported in column (e) of Fither than by providing for | t Purpo Part XVI- unds for | OSES A contributed important such purposes) (See t | 22. |
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|-------------|---|--------------------------------|----------------------|---------------------------------|-------------------------------|-----------------------|---------------------|---------------------|--|--------------|
| Part XV | | egarding T | ransfers To | and Transa | ctions ar | nd Relations | nips With N | oncharitable | • | |
| | Exempt Organ | izations | | | | | | , | , | |
| 1. O.d. | the error maken directly | ar indicable. | | of the fellowin | بيمم طاسي | thar arganization | \n | | Yes | No |
| desc | the organization directly cribed in section 501(c) of cring to political organizat | of the Code (d | other than sec | tion 501(c)(3) | g with any to organization | s) or in section | 527, | | | |
| | 5 1 | | a nanaharita | ble avenuet are | onization o | : | | | | |
| | sfers from the reporting | Toundation to | a nonchanta | bie exempt org | anization o | | - | 1.01 | | X |
| • • | Cash | | | | | | | 1a (1) | \vdash | X |
| | Other assets | | | | | | | 1a (2) | \vdash | |
| | er transactions | | | | | | | 1 | | · · |
| ` ' | Sales of assets to a non | | | | | | | 1 b (1) | | X |
| • • | Purchases of assets from | | · | organization | | | | 1b (2) | | X |
| ٠,, | Rental of facilities, equip | • | er assets | • | | | | 1b (3) | - | _^ |
| ٠, | Reimbursement arrange | | | | • | | | 1b (4) | X | V |
| | Loans or loan guarantee | | | | | | • | 1 b (5) | | X |
| | Performance of services | | - | - | | | | 1 b (6) | Х | <u> </u> |
| c Shai | ring of facilities, equipme | ent, mailing li | ists, other ass | ets, or paid em | ipioyees. | | | 1c | , A | <u> </u> |
| the o | e answer to any of the a goods, other assets, or s transaction or sharing a | services aiver |) by the report | ing foundation | If the foun | dation received | less than fair i | market value in | ue of | |
| (a) Line no | T | 1 | | exempt organization | |) Description of trai | | | ngement | ts |
| B(4) | 5,400. | FRATERNA | AL ORDER | OF EAGLES | SPRI | NGFIELD EA | AGLES CHA | RITY IS AF | 'FORI | ŒD |
| | | AERI | E 397 | | OFF1 | CE SPACE | N THE AE | RIE'S BUII | DINC | . |
| | | | | | \$540 | 0 WAS GIVE | EN TO OFF | SET UTILIT | 'IES | |
| | | | | | AND | OTHER EXPE | ENSES OF | THE CHARIT | Υ. | |
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| | | · | | | | | | | | |
| desc | ne foundation directly or cribed in section 501(c) of es,' complete the following (a) Name of organization | of the Code (o ing schedule | other than sec | related to, one tion 501(c)(3)) | or in sectio | n 527? | | X Yes | s 🗌 | No |
| FRATER | NAL ORDER OF EA | | 501 (C) 8 | ype or organiz | ation | COMMON TE | | or relationship | | |
| | 1E 397 | 101111 | 301 (0) 0 | | | COLINGIA II | COLLEGE | | | |
| | 1011 | • | | | | | | | | |
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| Ur | nder penalties of periury. I declar | re that I have exa | mined this return, i | ncluding accompany | ring schedules a | and statements, and t | o the best of my kn | owledge and belief, | ıt ıs true | ····· |
| | nder penalties of perjury, I declar prect, and complete Declaration | of preparer (othe | r than taxpayer or | fiduciary) is based of | n all informatio | n of which preparer h | as any knowledge | | | |
| Sign | | 1.1. | 11 | | | | Ω | 9 | | |
| Here 📗 | Juny | _Z_/ | Wes | \sim | <u></u> | <u>7-/3 -//</u> | | serme | in | |
| | Signature of officer or trustee | | | | Dat | | Title | | | |
| | Print/Type preparer's nai | | 10. | er's signature | \mathcal{U} . | Date | Check if | if PTIN | | |
| Paid | WILLIAM T GE | ROEBER | لنا | المناك | Lack | , 17/11/2d | 1 | | | |
| Prepare | ·' | | GROEBER, | | FELTNER | CO. | Firm's EIN ► 1 | I/A | | |
| Use On | ly Firm's address 1 2 | ~~ | ESTONE ST | | 320 | | 1 | | | |
| | S | PRINGFIE | LD, OH 45 | 502 | | | Phone no | (937) 325 - | 0623 | <u> </u> |

Form **990-PF** (2010)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2010

| Name of the organization | | Employer identification number |
|---|--|---|
| SPRINGFIELD EAGLES CHARIT | 31-1592739 | |
| Organization type (check one) | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not trea 527 political organization | ated as a private foundation |
| Form 990-PF | X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated 501(c)(3) taxable private foundation | as a private foundation |
| Check if your organization is covered by Note. Only a section 501(c)(7), (8), or (1) | the General Rule or a Special Rule 10) organization can check boxes for both the General Rule | e and a Special Rule See instructions |
| General Rule X For an organization filing Form 990, contributor (Complete Parts I and II | 990-EZ, or 990-PF that received, during the year, \$5,000 (| or more (in money or property) from any one |
| Special Rules | | |
| 509(a)(1) and $170(b)(1)(A)(vi)$, and r | filing Form 990 or 990-EZ, that met the 33-1/3% support t received from any one contributor, during the year, a contr 90, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete I | ribution of the greater of (1) \$5,000 or |
| aggregate contributions of more than | organization filing Form 990 or 990-EZ, that received from n \$1,000 for use exclusively for religious, charitable, scient or animals. Complete Parts I, II, and III | any one contributor, during the year, tific, literary, or educational purposes, or |
| contributions for use exclusively for If this box is checked, enter here the | organization filing Form 990 or 990-EZ, that received from religious, charitable, etc., purposes, but these contributions e total contributions that were received during the year for e parts unless the General Rule applies to this organization | s did not aggregate to more than \$1,000 an <i>exclusively</i> religious, charitable, etc, |
| religious, charitable, etc, contribution | ns of \$5,000 or more during the year | ▶ \$ |
| 990-PF) but it must answer 'No' on Part | rered by the General Rule and/or the Special Rules does not IV, line 2 of their Form 990, or check the box on line H of the filing requirements of Schedule B (Form 990, 990-EZ, | fits Form 990-EZ, or on line 2 of its Form |
| BAA For Paperwork Reduction Act No 990EZ, or 990-PF. | tice, see the Instructions for Form 990, | Schedule B (Form 990, 990-EZ, or 990-PF) (2010 |

| Schedule Name of org | B (Form 990, 990-EZ, or 990-PF) (2010) | Page 1 | of 1 of Part I |
|-------------------------|---|-----------------------------------|---|
| - | ANIZATION GFIELD EAGLES CHARITY INC | , , , | 592739 |
| | Contributors (see instructions) | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | STATE OF OH EAGLES CHARITY FD | | Person X Payroll |
| ļ | 3313 SEAJAY DRIVE BEAVERCREEK, OH 45430 | \$20,494. | (Complete Part II if there is a noncash contribution.) |
| | | | 1 |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| _ | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| RAA | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| HAA | TEE A0702L 10/26/10 | Schedule & (Form QC | 0 990-F7 or 990-PF) (2010) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2010) | Page | 1 | of 1 | of Part II |
|--|------|---|-----------------------|------------|
| Name of organization | | T | Employer identificati | ion number |
| SPRINGFIELD EAGLES CHARITY INC | | | 31-1592739 |) |
| | | | | |

| Part II | Noncash Property (see instructions) | | |
|---------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | N/A | | |
| | | | |
| | | | |
| | | \$ | <u> </u> |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| | | | |
| | | \$ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |
| | | · | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |
| | | <u> </u> | |
| (a) No. from Part i | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
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| | | \$ | |
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Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

| | | | | | • |
|---------------------------|--|--|---------------------------------------|--|---------------|
| Schedule E | 3 (Form 990, 990-EZ, or 990-PF) (2010) | | Page 1 | of 1 | of Part III |
| Name of organ | _ | | | Employer identifica | |
| | FIELD EAGLES CHARITY INC | | | 31-159273 | |
| Part III | | an \$1,000 for the year.Co | mplete cols (a) through | c)(7), (8), or (10) (e) and the followi | ng line entry |
| | For organizations completing Part III, enter t contributions of \$1,000 or less for the year | otal of <i>exclusively</i> religious, cl Enter this information once. S | naritable, etc, See instructions) | ►s | N/ |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) scription of how gi | |
| | N/A | | | | |
| | | | | | |
| | Transferee's name, address | (e) Transfer of gift , and ZIP + 4 | Relationship o | of transferor to tran | ısferee |
| | | | | | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | Des | (d) scription of how gi | ft is held |
| | | | | | |
| | | | | | |
| | Transferee's name, address | (e) Transfer of gift , and ZIP + 4 | Relationship o | of transferor to tran | sferee |
| | | | | | |
| | | | | | |
| (a) | (b) | (c) | | (4) | |
| No. from Part I | Purpose of gift | (c) Use of gift | Des | (d) scription of how git | it is held |
| | | | | | |
| | | | | | |
| | | (e) | | | |
| | Transferee's name, address | Transfer of gift | Relationship o | f transferor to tran | sferee |
| | | | | | |
| | | | | | |
| (a) | (b) | (c) | | (4) | |
| No. from Part I | Purpose of gift | Use of gift | Des | (d) scription of how git | t is held |
| i | | | | | |
| | | | | | |
| | | | | | |

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Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

| 2010 | FEDERAL STATEMENTS | PAGE 1 |
|--|--|--|
| | SPRINGFIELD EAGLES CHARITY INC | 31-1592739 |
| STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES | | |
| BOOKKEEPING TAX PREPARATION | 330. | (D) CHARITABLE PURPOSES \$ 885. 330. \$ 1,215. |
| STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES | | |
| PAYROLL TAXES | (A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 389. TOTAL \$ 389. \$ 0. \$ 0. | (D) CHARITABLE PURPOSES \$ 389. \$ 389. |
| STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES | | |
| ADVERTISING LICENSES MAINTENANCE OFFICE SUPPLIES & EXPENSE POSTAGE | (A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 325. 50. 157. 491. 612. TOTAL \$ 1,635. \$ 0. \$ 0. | (D) CHARITABLE PURPOSES \$ 325. 50. 157. 491. 612. \$ 1,635. |
| STATEMENT 4 FORM 990-PF, PART II, LINE 22 OTHER LIABILITIES PAYROLL WITHHOLDINGS | \$ TOTAL \$ | 394. <u>394.</u> |

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SPRINGFIELD EAGLES CHARITY INC

31-1592739

STATEMENT 5 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

SPRINGFIELD EAGLES CHARITY INC

CARE OF:

LARRY L WEAR 125 W MAIN STREET SPRINGFIELD, OH 45502

STREET ADDRESS: CITY, STATE, ZIP CODE: TELEPHONE:

(937) 398-1080

FORM AND CONTENT:

LETTER FORMAT THAT STATES THE NAME, ADDRESS OF THE PERSON OR ORGANIZATION AND OTHER CONTACT INFORMATION. THE TYPE OF ORGANIZATION AND A BRIEF HISTORY OF ITS OPERATIONS. THE REASON THE MONEY IS NEEDED, LETTER OF RECOMMENDATION MAY

ALSO BE REQUIRED.

SUBMISSION DEADLINES:

NONE

RESTRICTIONS ON AWARDS: AWARDS ARE PRIMARILY FOR YOUTH ACTIVITIES, SHOES AND COATS

FOR THE NEEDY, SPECIAL HEALTH NEEDS AND VETERAN BENEFITS. THEY ARE GRANTED IN THE SPRINGFIELD, CLARK COUNTY OHIO ARES. THE SPRINGFIELD AND CLARK COUNTY SCHOOL SYSTEMS RECOMMENDS MANY OF THE INDIVIDUALS RECEIVING BENEFITS.

STATEMENT 6 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|---|-----------------------|---------------------------|--------------------------------------|-----------|
| AMERICAN RED CROSS OF CLARK CO 1830 N LIMESTONE ST SPRINGFIELD, OH 45503 | NONE | PUBLIC | GENERAL FUND EXPENSES | \$ 1,420. |
| ALLIANCE FOR LITERACY 137 EAST HIGH STREET SPRINGFIELD, OH 45502 | NONE | PUBLIC | GENERAL FUND EXPENSES | 500. |
| CANCER TOUCHES EVERYONE 124 W MAIN ST SPRINGFIELD, OH 45502 | NONE | PUBLIC | GENERAL FUND EXPENSES | 200. |
| AMERICAN CANCER SOCIETY PO BOX 54869 CINCINNATI, OH 45254 | NONE | PUBLIC | GENERAL FUND EXPENSES | 50. |
| CENTER CITY ASSOCIATION P O BOX 1291 SPRINGFIELD, OH 45501 | NONE | PUBLIC | FUND DOWNTOWN DEVELOPMENT | 500. |
| CLARK CO CHILDREN 525 E HOME RD SPRINGFIELD, OH 45503 | NONE | PUBLIC | FUND NEEDY CHILDREN ACTIVITIES | 100. |

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SPRINGFIELD EAGLES CHARITY INC

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STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

| NAME_AND_ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|--|-----------------------|---------------------------|--|--------|
| CHILDREN'S SHRINE HOSPITAL 107 EAST FIRST STREET DAYTON, OH 45402 | NONE | PUBLIC | FUND CHILDREN HEALTH ACTIVITIES | \$ 50. |
| ELDERLY UNITRD OF SPRINGFIELD 101 S FOUNTAIN AVE SPRINGFIELD, OH 45502 | NONE | PUBLIC | FUND ELDERLY SUPPORT ACTIVITIES | 250. |
| MARCH OF DIMES 5410 TRANSPORTATION BLVD CLEVELAND, OH 44125-5300, | NONE | PUBLIC | GENERAL FUND EXPENSES | 450. |
| NATIONAL FOOTBALL FOUNDATION C/O 10 S. SPRING STREET SPRINGFIELD, OH 45502, | NONE | PUBLIC | NFF SCHOLARSHIPS | 200. |
| DIRECT INDIGENT CARE | NONE | | PROVIDE CLOTHING MEDICAL AND OTHER BENEFITS FOR THE NEEDY | 867. |
| FAMILY & CHILDREN SERVICES OF CLARK CO 1345 LAGONDA AVE SPRINGFIELD, OH 45506 | NONE | PUBLIC | PROVIDE FUNDS FOR NEEDY CHILDREN | 100. |
| SNOWHILL SCHOOL 531 W HARDING RD SPRINGFIELD, OH 45504 | NONE | PUBLIC | PROVIDE SCHOOL SUPPLIES TO NEEDY STUDENTS | 3,817. |
| SPRINGFIELD HEAT BASEBALL 2124 SIMON COURT SPRINGFIELD, OH 45503 | NONE | PUBLIC | BALL TEAM FUNDING | 100. |
| BOY SCOUTS OF AMERICA 1412 RICHMOOR RD SPRINGFIELD, OH 45502 | NONE | PUBLIC | FUND BOY SCOUT TROOP | 500. |
| KENTON RIDGE HIGH SCHOO; 4444 MIDDLE URBANA RD SPRINGFIELD, OH 45503 | NONE | PUBLIC | FUND HIGH SCHOOL STUDENT ACTIVITIES | 150. |
| MULTIPLE SCLEROSIS ASSOC OF AMERICA PO BOX 1887 MERRIFIELD, VA 22116 | NONE | PUBLIC | FUND GENERAL ACTIVITIES | 100. |

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SPRINGFIELD EAGLES CHARITY INC

31-1592739

STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|---|-----------------------|---------------------------|-------------------------------|---------|
| MUSCULAR DYSTROPHY ASSOCIATION 3077 KETTERING BLVD STE 30 DAYTON, OH 45439 | NONE | PUBLIC | FUND GENERAL ACTIVITIES | \$ 100. |
| NATIONAL SAFETY COUNCIL 120 N LIMESTONE ST SPRINGFIELD, OH 45502 | NONE | PUBLIC | FUND YOUTH SAFETY PROGRAMS | 275. |
| NATIONAL WILD TURKEY FEDERATION 770 AUGUSTA RD EDGEFIELD, SC 29824 | NONE | PUBLIC | WILD LIVE PRESERVATION | 2,200. |
| WHITETALES UNLIMITED 6804 HAGGERTY RD HILLSBORO, OH 45133 | NONE | PUBLIC | FUND WILDLIFE PRESERVATION | 1,200. |
| OHIO NATIONAL GUARD ENLISTED ASSN PO BOX 591 DAYTON, OH 45405 | NONE | PUBLIC | SUPPORT OF TROOPS | 100. |
| SALVATION ARMY 15 S PLUM ST SPRINGFIELD, OH 45506 | NONE | PUBLIC | FUND GENERAL ACTIVITIES | 50. |
| SECOND HARVEST FOOD BANK 330 GLEANDALE DR SPRINGFIELD, OH 45504 | NONE | PUBLIC | FOOD BANK | 100. |
| SPECIAL OLYMPICS OHIO PO BOX 713 COLUMBUS, OH 43216 | NONE | PUBLIC | FUND YOUTH SPORTS | 200. |
| THE LUMBER COMPANY 910 SHRINE RD SPRINGFIELD, OH 45504 | NONE | PUBLIC | YOUTH SPORT ACTIVITIES | 100. |
| SPRINGFIELD GOLF ASSOCIATION PO BOX 1031 SPRINGFIELD, OH 45501 | NONE | PUBLIC | YOUTH GOLF ACTIVITES | 50. |
| CLARK CO MRDD/QUEST ADULT SERVICES 2527 KENTON ST SPRINGFIELD, OH 45505 | NONE | PUBLIC | AID MENTAL HEALTH | 12,442. |
| DUCKS UNLIMITED 3315 JOHNSON RD SPRINGFIELD, OH 45502 | NONE | PUBLIC | WILDLIFE PRESERVATION | 3,300. |

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SPRINGFIELD EAGLES CHARITY INC

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STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | | AMOUNT |
|---|-----------------------|---------------------------|-------------------------------|-------------|---------|
| SPRINGFIELD HIGH SCHOOL 701 E HOME RD SPRINGFIELD, OH 45503 | NONE | PUBLIC | HIGH SCHOOL MUSIC PROGRAMS | \$ | 170. |
| ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS , TN 38105 | NONE | PUBLIC | CHILDREN HEALTH SUPPORT | | 200. |
| | | | TOTAL | . <u>\$</u> | 29.841. |