



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$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

A For the 2010 calendar year, or tax year beginning

, 2010, and ending

, 20

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

FOE North Lincoln Aerie 2576

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

Room/suite

737 SW 32nd St

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

Lincoln City, OR 97367-1812

D Employer identification number

93-0926922

E Telephone number

541-994-3679

F Group Exemption

Number ►

G Accounting Method. Cash Accrual Other (specify) ►**I Website:** ►**J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527****K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.****L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$**

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

Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 7032
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	6a
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b 6571
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c 2075
	c Less: direct expenses from gaming and fundraising events	6d 4496
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7c 44527
	7a Gross sales of inventory, less returns and allowances	7a 83489
	b Less: cost of goods sold	7b 38962
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8 10295
	8 Other revenue (describe in Schedule O)	9 66350
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	10
Expenses	10 Grants and similar amounts paid (list in Schedule O)	11 4347
	11 Benefits paid to or for members	12 25054
	12 Salaries, other compensation, and employee benefits	13
	13 Professional fees and other payments to independent contractors	14 16570
	14 Occupancy, rent, utilities, and maintenance	15 1657
	15 Printing, publications, postage, and shipping	16 12915
	16 Other expenses (describe in Schedule O)	17 60543
	17 Total expenses. Add lines 10 through 16 ►	18 5807
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19 365446
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20
	20 Other changes in net assets or fund balances (explain in Schedule O)	21 371253
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	20279	22 23691
23 Land and buildings	350000	23 350000
24 Other assets (describe in Schedule O)		24
25 Total assets	370279	25 373691
26 Total liabilities (describe in Schedule O)	4833	26 2438
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	365446	27 371253

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a
29			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
30			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		►	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Fred Morgan 1819 NE Surf, Lincoln City, OR 97367	Worthy President 8 hours			
John Branam 737 SW 32nd, Lincoln City, OR 97367	Worthy President 2 hours			
Dallas Clark 737 SW 32nd, Lincoln City, OR 97367	Worthy Chaplin 2 hours			
Greg Jones 775 SW 28th Lincoln City, OR 97367	Secretary 10 hours			
Brook Barr 2336 NW Keel Ave, Lincoln City, OR 97367	Worthy Treasurer 3 hours			
Ken Echols 4545 SW Hwy 101, Lincoln City, OR 97367	Trustee 5 hours			
Rod Roderick 737 SW 32nd, Lincoln City, OR 97367	Trustee 5 hours			
Darrell O'Neil 508 N Boulder Crk Dr, Otis, OR 97368	Trustee 5 hours			
Gordon Moen 3120 SW Coast Lincoln City, OR 97367	Trustee 5 hours			
Angela Jones 705 SE Quay, Lincoln City, OR 97367	Employee 40 hours			

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

Part V Other Information (Note the statement requirements in the instructions for Part V.)
 Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Yes No
 33 ✓

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Yes No
 34 ✓

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, explain in Schedule O why the organization did not report the income on Form 990-T.
 a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? Yes No
 35a ✓

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? Yes No
 35b ✓

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes No
 36 ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a Yes No

b Did the organization file Form 1120-POL for this year? Yes No

38a 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 outstanding at the end of the tax year covered by this return? Yes No
 b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No
 38b

39 Section 501(c)(7) organizations. Enter:
 a Initiation fees and capital contributions included on line 9 Yes No
 39a

b Gross receipts, included on line 9, for public use of club facilities Yes No
 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ Yes No
 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. Yes No
 40b ✓

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ► _____ Yes No

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____ Yes No

e 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. Yes No
 40e

41 List the states with which a copy of this return is filed. ► _____

42a The organization's books are in care of ► Main Office Telephone no. ► 541-994-3679
 Located at ► 737 SW 32nd St, Lincoln City, OR ZIP + 4 ► 97367-1812 Yes No
 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No
 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. Yes No
 42b ✓

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? Yes No
 If "Yes," enter the name of the foreign country: ► _____ Yes No
 42c ✓

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 ► 43 Yes No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
 44a ✓

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
 44b ✓

c Did the organization receive any payments for indoor tanning services during the year? Yes No
 44c ✓

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Yes No
 44d

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	✓
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ►

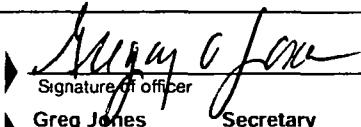
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here		5/15/11
	Signature of officer	Date
	Greg Jones	
	Secretary	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name T Amsberry	Preparer's signature Thomas Amsberry CPA	Date 5/16/11	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01478233
	Firm's name ► Thomas Amsberry CPA		Firm's EIN ►	932837	
	Firm's address ► 835 N Sundown Dr, Otis, OR 97368		Phone no.	541-994-3925	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

FOE North Lincoln Aerie 2576

Employer identification number

93-0926922

Ln 9: Other revenue consist of lottery and donations.

Ln 16: Other expenses includes insurance, bar equipment, bank charges, office equipment, license and miscellaneous

Ln 26: Liabilities are payroll related and accounts payable.