

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





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Short Form

Return of Organization Exempt From Incomie Tax
Under 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 311 (b)(13) must file
Form 990 (see instructions). All other organizations with gross receives less than \$200,000
and lotal 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.

2010

OMB No. 1545-1150

Department of the Treasury internal Revenue Service

Δ	For H	ne 2010 calendar year, or tax year beginning Jun 1 , 2010, and ending May 31		A CONTRACTOR OF THE CONTRACTOR
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'n		1	• -	
	Name	Table of Madeb Ments #328	Talaghone	87150
	initiai d	elurn l		
口	Termin	ated City or town, state or country, and ZIP + 4	(513)	423-1121
Н		od Jeturn		xemption
Ťī		tion pending MIDDLETOWN OH 45044-4120	Number	
		unting Method: X Cash Accrual Other (specify) ► H Check ►	if th	e organization is not
			EZ, or 9	Schedule B (Form 90-PF).
		tempt status (ex only one) = 1 301(c)(3) 1		
•	SED C	If the organization is not a section 509(a)(3) supporting organization and its gross receipts are no A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (ormany n	ot more than
	orgar	ization chooses to file a return, be sure to file a complete return.	356 m2m	uctions). Dut it the
Ĺ	Add 1	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$201,000 or more, or if total		
	asset	s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	, 🟲 💲	360,243.
Pe		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instr	uctions	for Part I.)
		Check if the organization used Schedule O to respond to any question in this Part I		<u>.</u> .
	7	Contributions, gifts, grants, and similar amounts received	<u>i</u>	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	9,229.
	4	Investment income	. 4	505.
	5a	Gross amount from sale of assets other than inventory 5a		
i	þ	Less; cost or other basis and sales expenses	33.56	
	C	Gain or (loss) from sale of essets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
REV	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
Ž	6	Gross income from fundraising events (not including \$ of contributions		
E NUE		from fundraising events reported on line 1) (attach Schedule G if the sum	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Ĕ	Ì	of such gross income and contributions exceeds \$15,000)		
	ļ ¢	Less: direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and	1, 2,17),	
		6b and subtract line 6c)	<u>6</u> 0	
	7a	Gross sales of inventory, less returns and allowances 7a 327, 43		
	1	Less: cost of goods sold	5 - E. Y.E.	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from fine 7a)	7c	196,799.
	8	Other revenue (describe in Schedule O) Seeform RIO-EZ, Rarti, Luce Schedule C)	enue 8	23,075.
	9_	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	- 9	229,608.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	. 11	350.
E X P	12	Salaries, other compensation, and employee benefits	12	135,109.
E	13	Professional fees and other payments to independent contractors	13	
E N S E	14	Occupancy, rent, utilities, and maintenance	14	29,707.
Ē	15	Printing, publications, postage, and shipping	15	
•	16	Other expenses (describe in Schedule O)	76 TG	83,440.
_	17	Total expenses. Add lines 10 through 16	► 17	248,606,
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-18,998.
. 4	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	1973	
. S		figure reported on prior year's return)	19	307,697.
Ţ	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
- Si	21	Net assets or fund balances at end of year. Combine lines 18 through 20	► 21	288,699.
IA.	A FA	Panerwork Reduction Act Notice see the senarate instructions		Form 990-F7 (2010)

Form	1 990-EZ (2010) FRATERNAL ORDE 1 11 Balance Sheets. (see the in	structions for Part II.)		31-02	87150 Page 2
	Check if the organization used Sch	edule O to respond to any qui	estion in this Part II		In
				A) Beginning of year	(B) End of year
22	Cash, savings, and investments			242,224.2	
23			····		
24	Other assets (describe in Schedule O)			66,544. 2	
25) ·· ·	0. 2	
	Total assets		<u>L</u>	308,768. 2	288,699.
26	Total liabilities (describe in Schedule O	TAXES). F	1.071.26	
_27	Net assets or fund balances (line 27 of	column (B) must scree with t	ine 21)	307 697 2	
Pa	Statement of Program Se	nace Accomplishments	(con the instru	101,031.12/	
	Check if the organization used S	thodule O to company to serve	(see nie liisus of Pari	- III.)	Expenses
What	in the error where a sum of the error was a s	chedule O to respond to any o	vestion in this Part III ,		guired for section
Done	is the organization's primary exempt purpose?	CIAL CLUB		1501	(c)(3) and 501(c)(4)
desc	ribe what was achieved in carrying out the ribe the services provided, the number of ram title.	e organization's exempt purpo	oses. In a clear sind cor	cise manner, orga	inizations and section 7(a)(1) trusts; optional
prog	ram title.	persons benefited, and other	relevant information for	each	others.)
28					
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	(Grants \$) If it	nis amount includes foreign gr	ants, check here	▶ 1 28 €	J
29				1 1 40	
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	(Grants \$ ) If the	nis amount includes foreign gr	ants, check here	▶ 29;	<u>l</u>
<b>30</b>					
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	70				1
	(Grants \$ ) If the	us amount includes foreign gr	ants, check here		<u>1</u>
31	Other program services (describe in Sch	redule O)			
	(Grants \$ ) If the	nis amount includes foreign gr	ants, check here		.]
32	Total program service expenses (add ii	nes 28a through 31a)	1,111	→ 32	<del></del>
(b)	F)NAM List of Officers Directors	Trustees and Key E-		32	<del></del>
14,400	List of Officers, Directors,	irustees, and Key Emi	Ployees, List each one ex	ian if not compensated. (see t	he instructions for Part IV.)
	Check if the organization used S	hedule O to respond to any q	uestion in this Part IV .		
	(a) Alama and address.	(b) Title and average hours	(c) Compensation (If	(d) Contributions to	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0-,)	employee benefit plans and	and other allowances
Brr.	• 714 % odni 22 722	to position		deferred compensation	
	LIAM R SCHIERING	1		ļ	_
305	FRANKLIN ST	WORTHY PRES	!	l	
MIL	DLETOWN, OH 45042	10.00	0.	l o.	j o.
TOM	BLAECHLE			<del></del>	<del></del>
	N SUTPHIN ST			ì	ĺ
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	DLETOWN OH 45042	10.00	<u> </u>	<u></u> 0.	0.
ROB	ERT T HARDESTY				
922	LAFAYETTE AVE	TRES			
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Forn	990-EZ (2010) FRATERNAL ORDER OF KAGLES AERIE #528 31-02871	50	F	age 3
Par	1 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	33	Yes	No
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 Schadule O (see instructions)	34		r
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	4	, 'n',	
	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?	35 a	-" "	<u>x</u> _
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	35b	-	-
37 8	Peter amount of political expenditures, direct or indirect, as described in the instructions		Y	retit
	Did the organization file Form 1120-POL for this year?	37 b	ļ ,	X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	Salin Carl	X
t	of Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		ĥ	
	Gross receipts, included on tine 9, for public use of club facilities			1.3
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under- section 4911 - ; section 4912 - ; section 4955 -		i,	
١	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	40 ь		
•	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 4956.	77.12		
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	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	40 e		H
41	List the states with which a copy of this return is filed >			
42 a	i The Organization's books are in care of ► HOME OFFICE Telephone no. ► (513)	423	-112	21
	Located at > 1300 FIRST AVE, MIDDLETOWN OH ZIP + 4 > 45044		- 	
ŀ	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)?	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country: ▶	E West		
				h h
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
ď	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>x</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in Ileu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		- 🗆	
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 590 must be completed instead of Form 990-EZ	. 44a	Yes	No X
Ŀ	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 ь		X
¢	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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	44d		
BAA	Schedule O TEEA0512 02/18/11	. 440	= 1	2010

Yes No No No No No No No N	Form 990-	EZ (2010) FRATERNAL ORDER OF	BAGLES AERIE	#528	•	31-02	87150	F	Page 4
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section \$120(0.13)? If Yes, it is mere to be completed insets of form 900-622 (see many of section \$120(0.13)? If Yes, it is more than \$1.00.000 or cannotates for public office? If Yes, complete Schedule, P. any Inset of the complete or incomplete than \$1.00.000 or section \$47(3). If nonexempt chantable trusts only. All section \$1(0.3) organizations and section \$497(3). If nonexempt chantable trusts only. All section \$1(0.3) organizations and section \$497(3). If nonexempt chantable trusts only. All section \$1(0.3) organizations and section \$497(3). If nonexempt chantable trusts only. All section \$1.00.000 organization and section \$2.000 organization and section \$40.000 (3) organizations and section \$40.000 (3) organization and s								_	_
46 Did the organization engage, directly or indirectly, in policical camping activities on the half of or mipoposition to another for public office? If Yes, complete Schedule (P. Part V) Feart 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 501(C)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 501(C)(3) organization and section 4947(a)(1) nonexempt charitable trusts must answer questions 501(C)(3) organization and section 4947(a)(1) nonexempt charitable trusts must answer questions 501(C)(3) organization and section 501(C)(3) organization 701(C)(3) orga								ļ	X
46 Did the organization engage, directly or indirectly, in policical camping activities on the half of or mipoposition to another for public office? If Yes, complete Schedule (P. Part V) Feart 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 501(C)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 501(C)(3) organization and section 4947(a)(1) nonexempt charitable trusts must answer questions 501(C)(3) organization and section 4947(a)(1) nonexempt charitable trusts must answer questions 501(C)(3) organization and section 501(C)(3) organization 701(C)(3) orga	a Did t	ne organization receive any payment from ction 512(b)(13)? If 'Yes,' Form 990 and S	i or engage in any trans Schedule R may need to	saction with o be complet	a controlled ted instead o	entity within the mean of Form 990-EZ (see in	ing 15 a		x
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 engage in lobbying activities? If Yes: Complete Schedule C, Par: II							Class		A
501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49 and 52, and complete the tables for lines 50 and 51. Check it the organization used Schedule O to respond to any question in this Part VI 47 Did the organization engage in lobbying activities? If Yes, complete Schedule C, Part II 48 Is the organization as activo as described in section 170(b)(1)(A)(i)? If Yes, complete Schedule E 49 Did the organization as activo as described in section 170(b)(1)(A)(i)? If Yes, complete Schedule E 49 Did the organization as activo as described in section 527 organization? 50 Complete this table for the organization if Yes, which places compensated employees (other than officers, directors, trustees and kery smployees) who each received more than 100,000 of compensation in the organization. If there is none, enter None. (c) Name and search of an amongrue paid over \$100,000 of compensation of the organization organization of the organization of the organization of the org	Part VI	Section 501(c)(3) organizations	s and section 4947	(a)(1) nor	exempt c	haritable trusts o	nly All so	ction	
Check if the organization used Schedule O to respond to any question in this Fight VI 47 Did the organization and school as described in section 170(htt)(A)(0)? If Vest, 'complete Schedule E. 48 49 bit the organization as chool as described in section 170(htt)(A)(0)? If Vest, 'complete Schedule E. 48 49 bit the organization say transfers to an exempt non-charalistic related organization or 49 a bit Yes,' was the related organization say transfers to an exempt non-charalistic related organization. If yes, 'done the stable of the organization is the wheets compensate employees (other than officers, director, trustees and key). The stable of the organization is the wheets compensated employees (other than officers, director, trustees and key). The stable of the organization is the wholest compensated organization. If there is none, enter None. (a) Name and softers of each employee paid over \$100,000 of compensation from the organization of the properties of the organization or organization or the organization of the properties of the organization or the organization of the properties of the organization or the organization organization or the organization or the organization organization or the organization o		501(c)(3) organizations and sec	tion 4947(a)(1) no	nexempt	cha ritable	trusts must answ	er questio	ns	
Yes No Add No Add		•							_
47 In the organization engage in lobbying activities? If Yes, 'complete Schedule C, Pari II		Check if the organization used Scheduli	e O to respond to any q	uestion in th	nis Flart VI			T	للنزز
48 is the organization as school as described in section 170(b)(1)(A)(ii)? If Yes, complete is Schedule E	47 Did t	he organization engage in Johhving activiti	iec? If 'Ves ' complete s	Sahadula C	Doe: It		[Yes	No
49s bit Yes, was the related organization in two the programment of the organization of the organization is the property of the organization of the organization is the property of the organization of the organization is the property of the organization of the orga								ļ	
b if "Yes." was the related organization a section \$22 organization? 50 Complete this table for the organization's two highest compensated employees other than officers, directors, furstees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, either None. (i) Name and address of each employee paid over \$100,000	49 a Did t	he organization make any transfers to an	exempt non-charitable	related orga	nization? .			†	${f o}$
(e) Name and existes of each amployee paid over \$100,000 Compensation Confidence of continuous and second	b If 'Ye	es,' was the related organization a section	527 organization?				49b	+	
(e) Name and existes of each amployee paid over \$100,000 Compensation Confidence of continuous and second	50 Com	plete this table for the organization's five I	nighest compensated er	nployees (o	ther than off	icers, directors, trustee	s and key		
d Total number of other employees paid over \$100,000									
Complete this table for the organization is 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 eddress of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation 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 Under penalties of portry 1 declare that I nave examined this return, including accompanying schedules and steaments, and to the bast of my knowledge and belief, it is signed. Declaration of preparer (other than officer) is based on all information of which preparer has 1 my knowledge and belief, it is signed belief. It is sold to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and the contractors are significant to the contractors and the contractors are significant to the contractors are si	(=) Name and address of each employee paid more than \$100,000	hours per week devoted to position			benetil plans and	accor	ini and	3 6
Complete this table for the organization is 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 eddress of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation 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 Under penalties of portry 1 declare that I nave examined this return, including accompanying schedules and steaments, and to the bast of my knowledge and belief, it is signed. Declaration of preparer (other than officer) is based on all information of which preparer has 1 my knowledge and belief, it is signed belief. It is sold to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and the contractors are significant to the contractors and the contractors are significant to the contractors are si							†		
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Complete this table for the organization is 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 eddress of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation 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 Under penalties of portry 1 declare that I nave examined this return, including accompanying schedules and steaments, and to the bast of my knowledge and belief, it is signed. Declaration of preparer (other than officer) is based on all information of which preparer has 1 my knowledge and belief, it is signed belief. It is sold to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and belief. It is sold to the contractors are significant to the contractors and the contractors are significant to the contractors and the contractors are significant to the contractors are si				1					
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Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt Yes No		(a) Name and address of each independent confi	ractor paid more than \$100,000)		(b) Type of service	(c) Com	pensaho	'n
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Under penalties of perjury it declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is sure, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer	52 Did ti	ne organization complete Schedule A? Not	te. All section 501(c)(3)	organizatio		(a)(1) nonexempt	P Dvar		—— 7 No.
Sign Here Signature of officer Date					ments, and to the	e best of my knewledge and b	e)laf, il iş	<u>' </u>	1140
Sign Here Signature of officer Date									
Type or print name and title. Print/Type preparer's name Properer's signature Properer's signature Properer's signature Dotto Check if Self-employed Print's name > SMITH DONALD E. SMITH DONALD E. SMITH Firm's name > Smith & Smith, CPA's, LLC Use Only Firm's address > 3901 Roosevelt Blvd. Middletown OH 45044 Properer. (513) 424-1806 May the IRS discuss this return with the preparer shown above? See instructions. Yes No	Sign	Signature of officer	•			Date			
Print/Type properer's name Properer's signature Properer's signature Dott Check if Self-employed Print's name Paid Prim's name Paid Smith & Smith, CPA's, LLC Use Only Middletown Middletown OH 45044 Properer's signature OH 45044 OH 45044 OH 45044	nere	Type or prior game and hile			-		···		
Paid DONALD E. SMITH DONALD E. SMITE 06/15/11 self-employed Preparer Use Only Firm's name Paid Smith & Smith, CPA's, LLC Self-employed Prim's address Paid Roosevelt Blvd. Middletown OH 45044 Phone no. (513) 424-1806 May the IRS discuss this return with the preparer shown above? See instructions. Yes No			Properer's sloneture		Date		TIN		
Preparer Use Only Firm's name Firm's address Firm's address Middletown OH 45044 Prone no. (513) 424-1806 May the IRS discuss this return with the preparer shown above? See instructions Yes No	Paid		· ·	·#		_ C.mcr. [] " [
Use Only Firm's address > 3901 Roosevelt Blvd. Firm's address > Middletown OH 45044 Phone no. (513) 424-1806 May the IRS discuss this return with the preparer shown above? See instructions	Preparer				00/13/1	self-employed			
Middletown OH 45044 Phone no. (513) 424-1806 May the IRS discuss this return with the preparer shown above? See instructions	Use Only					Firm's EIN			
May the IRS discuss this return with the preparer shown above? See instructions					45044		3) 424-	1806	
	May the JRS	s discuss this return with the preparer sho	wn above? See instruct	ions					

FRATERNAL ORDER OF EAGLES AERIE #528	31-0287150	<u> </u>
Schedule O (Form 990 or 990-EZ), Supplemental Inf Form 990-EZ, Part I, Line 8 Other Revenue	formation to Form '390 or 990-EZ	
Other revenue (describe in Schedule O)		
RENTS OHIO LOTTERY	<u>2,075.</u> 21,000.	
Total	23,075.	
Schedule O (Form 990 or 990-EZ), Supplemental Inf Form 990-EZ, Part I, Line 16 Other Expenses	formation to Form (190 or 990-EZ	· · · · · · · · · · · · · · · · · · ·
Other expenses (describe in Schedule O)		
REAL ESTATE TAXES	10,632.	
BANDS & ENTERTAINMENT	12,204.	
INSURANCE	24,116.	
LICENSES		
LICENSES PAYROLL TAXES , OTHER TAXES	24,116.	
PAYROLL TAXES , OTHER TAXES BAD CHECK	2 4, 116. 2, 857.	
LICENSES PAYROLL TAXES , OTHER TAXES	24,116. 2,857. 14,649.	
LICENSES PAYROLL TAXES , OTHER TAXES BAD CHECK TRLEPHONE TIME WARNER	24,116. 2,857. 14,649. 1,930.	
PAYROLL TAXES , OTHER TAXES BAD CHECK TRLEPHONE TIME WARNER PEST CONTROL	24,116. 2,857. 14,649. 1,930.	
LICENSES PAYROLL TAXES, OTHER TAXES PAD CHECK TRLEPHONE TIME WARNER PEST CONTROL ACCOUNTING FEES	24,116. 2,857. 14,649. 1,930.	
LICENSES PAYROLL TAXES , OTHER TAXES BAD CHECK TRLEPHONE TIME WARNER PEST CONTROL ACCOUNTING PEES MEETINGS	24,116. 2,857. 14,649. 1,930. 2,670. 360.	
LICENSES PAYROLL TAXES , OTHER TAXES BAD CHECK TRLEPHONE TIME WARNER PEST CONTROL ACCOUNTING FEES MEETINGS CONTRACT SERVICE	24,116. 2,857. 14,649. 1,930. 2,670. 360.	
PAYROLL TAXES, OTHER TAXES BAD CHECK TRLEPHONE TIME WARNER PEST CONTROL ACCOUNTING FEBS MEETINGS CONTRACT SERVICE MISCELLANEOUS	24,116. 2,857. 14,649. 1,930. 2,670. 360.	
LICENSES PAYROLL TAXES, OTHER TAXES BAD CHECK TRLEPHONE TIME WARNER PEST CONTROL ACCOUNTING FEES MEETINGS CONTRACT SERVICE MISCELLANEOUS POSTAGE	24,116. 2,857. 14,649. 1,930. 2,670. 360. 760. 3,080. 533.	
PAYROLL TAXES, OTHER TAXES BAD CHECK TRLEPHONE TIME WARNER PEST CONTROL ACCOUNTING PEES MEETINGS CONTRACT SERVICE MISCELLANEOUS POSTAGE METER	24,116. 2,857. 14,649. 1,930. 2,670. 360. 760. 3,080. 533. 665.	
PAYROLL TAXES, OTHER TAXES BAD CHECK TRLEPHONE TIME WARNER PEST CONTROL ACCOUNTING PRES MEETINGS CONTRACT SERVICE MISCELLANEOUS POSTAGE POSTAGE METER WATER	24,116. 2,857. 14,649. 1,930. 2,670. 360. 760. 3,080. 533. 665. 3,350.	
PAYROLL TAXES, OTHER TAXES BAD CHECK TRLEPHONE TIME WARNER PEST CONTROL ACCOUNTING PEES MEETINGS CONTRACT SERVICE MISCELLANEOUS POSTAGE METER	24,116. 2,857. 14,649. 1,930. 2,670. 360. 760. 3,080. 533. 665.	