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Form

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2010

Open to Public Inspection

A	For the 2010 ca	leridar year, or tax year beginning $06/01/10$ , and ending $05/31/12$	<u> </u>		<del></del>
В	Check if applicable	c Name of organization Fraternal Order of Eagles		D Employ	er identification number
L	Address change	361 Aerie			
	Name change	Doing Business As		<del></del>	320876
	Initial return	Number and street (or PO box if mail is not delivered to street address) 301 N. Hart, PO Box 301	Room/suite	E Telepho	ne number -385-2428
Γ	Terminated	City or town, state or country, and ZIP + 4		<u> </u>	303 2.20
Ē	Amended return	Princeton IN 47670		G Gross receip	ts \$ 562,988
		F Name and address of principal officer		O 01033 16001	
L	Application pending	James Ryan	H(a) Is this a g	group return for aff	iliates? Yes X No
		1007 E Seminary St	H(b) Are all	affiliates includ	ed? Yes No
		Princeton IN 47670	If "N	lo," attach a list	(see instructions)
ī	Tax-exempt statu				
J	Website: ▶ 1		H(c) Group	exemption num	ber ▶
<u> </u>	Form of organization	X Corporation Trust Association Other ► L Y	ear of formation		State of legal domicile
	Part S	ummary			
	1 Briefly d	escribe the organization's mission or most significant activities.			
	See	Schedule O			
	2 Check the 3 Number 4 Number 5 Total number 6 Total number 6 Total number 6 Total number 7 Tota				
	2 Check th	nis box ▶ if the organization discontinued its operations or disposed of more than 25	5% of its net as	sets.	
,	3 Number	of voting members of the governing body (Part VI, line 1a)		3	
	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	
2	5 Total nu	mber of individuals employed in calendar year 2010 (Part V, line 2a)		5	
22	6 Total nu	mber of volunteers (estimate if necessary)		6	
90		related business revenue from Part VIII, column (C), line 12		7a	
2.8 2012	b Net unre	elated business taxable income from Form 990-T, line 34		7b	0
9			Prior Ye	ar	Current Year
SCANNED MAR	ည္ 8 Contribu	itions and grants (Part VIII, line 1h)		F 740	560 054
	6) I -	n service revenue (Part VIII, line 2g)	3	5,743	562,954
田	<b>3</b> 10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		0 550	34
Z	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,779	F.CO. 000
3		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11	4,522	562,988
ご		and similar amounts paid (Part IX, column (A), lines 1–3)			
	_	paid to or for members (Part IX, column (A), line 4)		7 510	0.055
	<b>a</b> b I	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)		7,519	8,255
	2   16a Profess	ional fundraising fees (Part IX, column (A), line 11e)		58.55/64/0598584. re	NEW CONTRACTOR OF CONTRACTOR O
	* I	ndraising expenses (Part IX, column (D), line 25) ▶			76.051
	17 Culei e.	xpenses (Part IX, column (A), lines 11a–11d, 11f–24f)		7,995	76,051
		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		5,514	84,306
-	_   19 Revenu = ១	e less expenses. Subtract line 18 from line 12	Beginning of Co	9,008	478,682 End of Year
	age 20 Total as	ssets (Part X, line 16)		9,348	528,988
	24 Total iia	bilities (Part X, line 26)		0	0_0/000
;	B 2	ets or fund balances Subtract line 21 from line 20	19	9,348	528,988
		ignature Block		<del>- 1  </del>	7,333
2		perjury, I declare that I have examined this return, including accompanying schedules and statements	and to the best	of my knowledg	ne and belief it is
	•	complete Declaration of preparer (other than officer) is based on all information of which preparer has		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-					·····
•	Sign	Signature of officer		Date	
	lere	James Ryan Jamus Maw Presi	dent	ي	3-6-12
_		Type or print name and title			
-	REGRINA	ype preparer's name Preparer's signature	Date	Check	If PTIN
	Paid		l l	1/12 self-em	<b>└</b>
ļņ	reparer A Firm's	name(2 → OWalter Arnett CPA P.C.		Firm's EIN ▶	35-1877407
	ise Only	WIO2 N First Ave P O Box 7			
	Eirm's	address Princeton, IN 47670		Phone no	812-385-443
		uss this return with the preparer shown above? (see instructions)	,		X Yes N
i i	or Paperwork R	eduction Act Notice, see the separate instructions.		· <u>-</u> ···	Form <b>990</b> (2010
(	)AA				4)

	550 (2010) Flatering Clark of Deviced Colonials			age e
Pa	rt IV Checklist of Required Schedules		V	
_	Is the association decembed in section E04/s\/2\ as 4047/s\/4\ /athor then a private foundation\2 If "Vec."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		X
2	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		$\frac{x}{x}$
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>	_	
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			ļ
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	1		
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			ļ
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-	1		
	endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		ļ	
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	١.,	<b>.</b>	
	complete Schedule D, Part VI	11a	X	├──
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	140		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		x
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.,0		<del> </del> -
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120	Schedule D, Parts XI, XII, and XIII	12a		x
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		ĺ	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	Ī		
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<del> </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	╂	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			U
	If "Yes," complete Schedule G, Part III	19	1	X
20a		20a	+	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some	2015		

					Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations				İ	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		L	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States		1			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the					
	organization's current and former officers, directors, trustees, key employees, and highest compensated					
	employees? If "Yes," complete Schedule J		<u> </u>	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				l	
	through 24d and complete Schedule K. If "No," go to line 25			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		1.2	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year					
	to defease any tax-exempt bonds?		12	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		1.3	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction					
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<u>  4</u>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior					
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?					
	if "Yes," complete Schedule L, Part I		1.2	25b		,
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or					
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<u> </u>	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,					
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?					
	If "Yes," complete Schedule L, Part III		-	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			,		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):					v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		H	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		١,	,,,		х
	Schedule L, Part IV		<u> </u>	28ь		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			28c		x
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If thes, complete scriedule we built the organization receive contributions of art, historical treasures, or other similar assets, or qualified		-	23		
30	conservation contributions? If "Yes," complete Schedule M		Ì	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		-	-		
31	Part I			31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		F	Ť		
<b>7</b> 2	complete Schedule N, Part II			32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		<u> </u>			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		i	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,					
-	IV, and V, line 1			34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		Γ	35		X
а	Did the organization receive any payment from or engage in any transaction with a		Ī			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,					
	Part V, line 2	Yes	X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	_	_			1
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		Γ			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		İ			
	Part VI		L	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and					
	19? Note. All Form 990 filers are required to complete Schedule O			38		X
				Form	. 990	(2010

Form 990 (2010) Fraternal Order of Eagles 35-0320876 Page 5 Part VA Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable b Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 X 4a account)? If "Yes," enter the name of the foreign country ь See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b b 5¢ c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or b gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7с required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 3. b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b

C

the organization is licensed to issue qualified health plans

Did the organization receive any payments for indoor tanning services during the tax year?

Enter the amount of reserves on hand

13b

13c

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization >

19

20

and financial statements available to the public.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees; and former such persons

X Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average	Posi	tion (	(C chec	C) k all t	hat a	oply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) James Ryan										_
President	10.00	-	ļ	X	_			0	0	0
(2) Robert Lindy Vice President	10.00			X				0	0	
(3) Briana Smith	10.00	-	-	^	-	-	-	0	<u>_</u>	0
Secretary	10.00			x				o	0	0
(4)	20.00			-						
(5)										
(6)										
(7)										
(8)						-				
(9)		1								
(10)										
(11)										
(12)										
(13)										
(14)								-		
(15)										
(16)										

Par	† VII Section A. Officers	, Directors, Trus	stees	, Ke			yees	a, ar	nd Highest Compensated				
	(A) Name and Title	(B) Average	Posi	tion (		C) k all t	hat e	pply)		(E) Reportable	Estir	F) nated	
	•	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	ot compe fron organ and r	unt of her insation in the ization elated zations	
(17)													
(18)	· · · · · · · · · · · · · · · · · · ·											<del></del>	
(19)								-					
(20)											<u></u>		
(21)											•		
(22)	-	-										,	
(23)						-							
(24)	<del></del>			_									
(25)			<u> </u>				<del>                                     </del>						
(26)								-			·		
(27)				-								·	
(28)		<del>                                     </del>				<u> </u>	1						
1b c	Sub-total  Total from continuation she	ets to Part VII S	Socti	on A				<b>&gt;</b>					
d	Total (add lines 1b and 1c)	ets to rait vii, c		0117				<u> </u>					
2	Total number of individuals (i reportable compensation from				tho	se lu	sted	abo	ve) who received more than	n \$100,000 in			
3	Did the organization list any f				trust	ee.	kev e	empl	loyee, or highest compensa	ated		Yes	
4	employee on line 1a? If "Yes For any individual listed on lii	," complete Sche ne 1a, is the sum	edule n of re	J fo epor	r suc table	ch in	divid nper	lual Isati	on and other compensation	n from the	3		X
	organization and related orga individual	anizations greate	r tha	n \$1	50,0	00?	If "Y	es,"	complete Schedule J for su	uch	4	1	x
5	Did any person listed on line for services rendered to the o	1a receive or ac	crue Yes,'	com	pen: nplei	satio	n fro ched	m a ule .	iny unrelated organization o J for such person	or individual	5		x
Se	ction B. Independent Contrac	tors											
1	Complete this table for your t compensation from the organ	nization.	pens	ated	inde	epen	dent	con			<del></del>	(C)	
	Name ar	(A) nd business address						-	Descr	(B) ption of services		(C) Compens	ation
								-					
								+					
								+					
	· · · · · · · · · · · · · · · · · · ·			_				+					
	Total number of independen	t contractors (inc	مادراد	na hi	ıt no	t lim	ited 4	'O th	ince listed above) who				
	received more than \$100,000									0		AA-4	ā
DAA											F	om 99(	J (2010)

<u>Pa</u>	rt VI	II Statement of Reve	nue	<del></del>				
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
တ္တ	4-	Fodorstad compaigns	4.5			10401100		312, 313, 01 314
발		Federated campaigns	1a					
BE		Membership dues	1b		1			
a t		Fundraising events	1c		i			
<u>gë</u>	d	Related organizations	1d					
ξ.E	е	Government grants (contributions)	1e					
흥합		All other contributions, gifts, grants,						
혈		and similar amounts not included above	1f					
E E	g	Noncash contributions included in lines 1a-	1f \$		1			
SE	h	Total. Add lines 1a-1f		▶ 1				
Program Service Revenue Contributions, gifts, grants				Busn. Code				··· · · · · · · · · · · · · · · · · ·
<u> </u>	2a	Insurance Proceeds		220	560,661	560,661	n n n refferen	
ě	b	Membership Dues			2,293	2,293		
8		Membership Dues			2,293	2,233	<del> </del>	
Ξ	C							• • • • • • • • • • • • • • • • • • • •
Š	d							
<u>la</u>	е						<del></del>	
Ş.		All other program service reve	nue	L				
-		Total. Add lines 2a-2f		<b>•</b>	562,954			
	3	Investment income (including	dıvidends, ınte	erest,				
		and other similar amounts)		▶	34	34		· · · · · · · · · · · · · · · · · · ·
	4	Income from investment of tax	c-exempt bond	i proceeds ►				
	5	Royalties		<b>•</b>				
		(ı) Real	(1	) Personal				
	6a	Gross Rents			ı			
	b	Less rental exps						
	C	Rental inc or (loss)						
		Net rental income or (loss)		•				
	7a	Gross amount from (i) Securities	s	(II) Other		ζ.,		. /
		sales of assets other than inventory						
	ь	Less cost or other						
		basis & sales exps						
	c	Gain or (loss)						
		Net gain or (loss)	<u> </u>	<b>•</b>		7 f 9 m -	## ·	
		Gross income from fundraising eve	nte		<i>¥</i>			
Ē	Oa.	(not including \$	, iii.		,″		>	
Ver		of contributions reported on line 1c	,					
æ			' I					
Other Revenue		See Part IV, line 18	a					
ㅎ		Less direct expenses	b[					
		Net income or (loss) from fund		s 🕨				
	9a	Gross income from gaming activities	es					
		See Part IV, line 19	a		``		·	
	1	Less: direct expenses	ь[		······································			
	ı	Net income or (loss) from gan		<u> </u>				
	10a	Gross sales of inventory, less			/ y 81	, ,		
		returns and allowances	а			,		
	b	Less: cost of goods sold	ь		min a vinner i mannamania ana a sa	The Transferred Manager	In	
	С	Net income or (loss) from sale	es of inventory					
		Miscellaneous Revenu	e	Busn. Code		a <del>- commo</del> a a sua		
	11a							
	ь							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b></b>				
	12	Total revenue. See instruction	ns	<u> </u>	562,988	562,988	0	0

# Part IX<sup>11</sup> Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	* All other organizations must	complete column (A) but a			)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		ахрепоиз	geriarar experises	охрензез
	organizations in the U.S. See Part IV, line 21			.,	
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			,	
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16			· · · · · · · · · · · · · · · · · · ·	
4	Benefits paid to or for members			Zin with the start of the start	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,523	1,781	1,742	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,732	4,732		
11	Fees for services (non-employees).				
a	Management				
b	Legal				
С	Accounting	125	125		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	14,250	· · · · · · · · · · · · · · · · · · ·	14,250	
12	Advertising and promotion	67	67		
13	Office expenses	1,925	1,925		
14	Information technology				
15	Royalties	2 5 6 0	2 5 6 0		
16	Occupancy	3,562	3,562		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	100	100		
19	Conferences, conventions, and meetings	100	100		
20	Interest	F F C O		E E C O	
21	Payments to affiliates	5,560	<u>-</u>	5,560	<del></del>
22	Depreciation, depletion, and amortization	4,219	4,219	<u> </u>	<del> </del>
23 24	Insurance Other expenses, Itemize expenses not covered	4,219	4,213		L. S.
24	above (List miscellaneous expenses in line 24f If	10.00			
	line 24f amount exceeds 10% of line 25, column				X
	(A) amount, list line 24f expenses on Schedule O)		NOT THE PARTY OF T		,
а	taxes	42,752	3,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7	42,752	<u> </u>
b	storage	2,029		2,029	
c	supplies	844	844		<del></del>
d	bank fees	343		343	
e	reimbursements	275		275	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	84,306	17,355	66,951	0
26				,-	
	only if the organization reported in column				
	(B) joint costs from a combined educational				
DAA	campaign and fundraising solicitation	<u> </u>	<u></u>	<u> </u>	Form <b>990</b> (2010)

<u>Pa</u>	rt X	Balance Sheet			<del></del>		
					(A) Beginning of year		( <b>B)</b> End of year
	1	Cash—non-interest bearing			30,245	1	257,548
		Savings and temporary cash investments			44,000	2	
		Pledges and grants receivable, net				3	
		Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, ti	rustees, key				
		employees, and highest compensated employees. Comp	=				
-		Schedule L				5	
İ	6	Receivables from other disqualified persons (as defined to	under section				
		4958(f)(1)), persons described in section 4958(c)(3)(B), a				< <u>,</u>	
		employers and sponsoring organizations of section 501(c	:)(9) voluntary		the second of the second	4:5	
		employees' beneficiary organizations (see instructions)	•			6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use			5,000	8	
Ø	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or			, ,		
		other basis Complete Part VI of Schedule D	10a	271,440	1		
	b	Less: accumulated depreciation	10b		120,103	10c	271,440
		Investments—publicly traded securities				11	
		Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
1	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34	)		199,348		528,988
$\Box$	17	Accounts payable and accrued expenses		•	·	17	
	18	Grants payable				18	
	19	Deferred revenue				19	
- 1	20	Tax-exempt bond liabilities				20	
တ္ဆ	21	Escrow or custodial account liability Complete Part IV of	Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustee			, r ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
Ē		employees, highest compensated employees, and disqu	alified persons		,	ļ	
ᆵ		Complete Part II of Schedule L	·			22	-
_	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third pa	•			24	
	25	Other liabilities. Complete Part X of Schedule D			, ,,	25	
	26	Total liabilities. Add lines 17 through 25			0	26	0
es.		Organizations that follow SFAS 117, check here ▶	and complete		Wallstein der		Section 1
ဍ		lines 27 through 29, and lines 33 and 34.	•			7.4	
<u> </u>	27	Unrestricted net assets				27	
Balances	28	Temporarily restricted net assets				28	
b	29	Permanently restricted net assets				29	
Fund		Organizations that do not follow SFAS 117, check her	re ▶ 📋 and		* * * * * * * * * * * * * * * * * * *	1 - 2 to 16	7 % %
or		complete lines 30 through 34.				1	
	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or equipment	t fund			31	
Assets	32	Retained earnings, endowment, accumulated income, or			199,348		
Net /	33	Total net assets or fund balances			199,348		528,988
ž	34	Total liabilities and net assets/fund balances			199,348	34	

Form **990** (2010)

orm	990 (2010) Fraternal Order of Eagles	35-0320876			Pag	ge 12
Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question	on in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		1			988
2	Total expenses (must equal Part IX, column (A), line 25)		2	{	34,	<u> 306</u>
3	Revenue less expenses. Subtract line 2 from line 1		3	4	78,	682
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, colui	mn (A))	4	19	99,	348
5	Other changes in net assets or fund balances (explain in Schedule O)		_5	-14	49,	042
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equa	Part X, line 33,				
	column (B))		6	52	28,	988
Pa	Financial Statements and Reporting					
	Check if Schedule O contains a response to any question	on in this Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual	Other			(2) (4)	, ;
	If the organization changed its method of accounting from a prior year or checked	"Other," explain in			٠,٠	
	Schedule O			** ' -		
2a	Were the organization's financial statements compiled or reviewed by an independent	dent accountant?		2a		X
ь	Were the organization's financial statements audited by an independent accounta	nt? '		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes re-	sponsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an	independent accountant?		2c		
	If the organization changed either its oversight process or selection process durin	g the tax year, explain in		÷	*	
	Schedule O			1960		ĺ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial stater	nents for the year were		- <b>【</b> [[[金]]		- 1
	issued on a separate basis, consolidated basis, or both			73.5		5 45 g
	Separate basis Consolidated basis Both consolidated and separ	ate basis		1.20		*:01
3a	As a result of a federal award, was the organization required to undergo an audit	or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization	ion did not undergo the				_
	required audit or audits, explain why in Schedule O and describe any steps taken	to undergo such audits		3b		<u> </u>
				Form	990	(2010)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization Fraternal Order of Eagles 361 Aerie 35-0320876 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part 1 organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990. Part VIII. line 1 Assets included in Form 990, Part X Schedule D (Form 990) 2010

Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI	Land, Buildings, and E	quipment. See Form 990	), Part X, line 10.		
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
<b>b</b> Building	gs		271,440		271,440
<b>c</b> Leaseh	old improvements				
<b>d</b> Equipm	ent			-	
e Other					
otal. Add lin	es 1a through 1e (Column (d) mi	ust equal Form 990, Part X, colu	ımn (B), line 10(c).)	•	271,440

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 Fraternal Order of Eagles	35-03208	<u>76                                    </u>	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to	<b>Audited Financial State</b>	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	·-·
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net) Add lines 4 through 8	•	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	
ĮΡε	Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per R	eturn	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		3.25% 3.25%	
а	Net unrealized gains on investments	2a	- 1.27 - 251 - 1.27 - 251	
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c	4 i	
d	Other (Describe in Part XIV.)	2d	4	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	f	3	<u> </u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		04. as	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV )	4b		
С	,		4c	· · · · · · · · · · · · · · · · · · ·
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
<u>. Pa</u>	artXIII Reconciliation of Expenses per Audited Financial Statem	<u>ients With Expenses per</u>	Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a		
b		2b		
С		2c		
d	- man ( m n - m n n n )	2d	_3.52	
е			2e	
3	Subtract line 2e from line 1	( )	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		* * *	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	- 11.5. (- 555.115 11.7 11.7 11.7 11.7 11.7 11.7 1	4b	اندرهٔ ا	
_ C			4c	
<u>5</u>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
: #P	artiXIV Supplemental Information			

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

Schedule D (Form 990) 2010 Fraternal Order of Eagles

"PartXIX Supplemental Information (continued)

35-0320876

Page 5

Schedule D (Form 990) 2010

#### SCHEDULE O (Form 990 or 990-EZ)

(Form 990 or 990-EZ)

Department of the Treasury

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.

2010
Open to Public

Internal Revenue Service

Name of the organization

Fraternal Order of Eagles 361 Aerie

Employer identification number 35-0320876

Form 990 - Organization's Mission or Most Significant Activities
The Fraternal Order of Eagles is an international
non-profit organization uniting fraternally in the spirit
of liberty, truth, justice, and equality, to make human
life more desirable by lessoning its ills and promoting
peace, prosperity, gladness and hope.

Form 990, Part III, Line 4d - All Other Achievements

The Fraternal Order of Eagles is an international

non-profit organization uniting fraternally in spirit of
liberty, truth, jsutice, and equality, to make human life

more desireable by lessening its ills and promoting

peace, prosperity, gladness and hope.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part XI, Line 5 - Other Changes in Net Assets Explanation Adjustment per fund balances at year-end.