

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



Form **990**

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

2010

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2010 ca			nning 06-01-2010 and ending 05-3	31-2011		D Emm	lavani	identification number		
_		pplicable		of organization NAL ORDER OF EAGLES	AERIE 531				•			
_	lress ch	-	Doing Business As							47-0166070		
_	me chai	-						E Telep	hone	number		
_	ial retui		Numbe PO BOX	•	ıf maıl ıs not delivered to street address)		Room/suite	(402	2) 22:	3-4230		
_	mınated 							G Gross	receir	ots \$ 319,167		
_	ended i			town, state or country, a CE, NE 68310	nd ZIP + 4			0 0,000	, , , , , ,	7.65 \$ 513,157		
App	olication	n pending										
				ame and address of ARD GENRICH	principal officer		H(a) Is the	s a group returr	for affil	ıates?		
				OX 33			H(b) Are a	all affiliates ir	cluded	?		
			BEAT	RICE, NE 68310			If"	No," attach	a lis	t (see instructions)		
Ta	x-exem	npt status		(c)(3)	◀ (insert no)	:7	H(c) Gro	oup exemp	tion n	umber 🟲		
w	ehsit <i>e</i>	e: ► N/A										
		<u> </u>				I	Т					
				ration Trust Associ	ation Other 🗠		L Year of	formation 19	949	M State of legal domicile NE		
Рa	rt I		mary									
Governance	7	THE FRA THE SPI	ATERNAL RIT OF L	. ORDER OF EAGLE LIBERTY, TRUTH, JU	SION OF MOST SIGNIFICANT ACTIVITIES SIS AN INTERNATIONAL NON-F JSTICE, AND EQUALITY, TO MAK) SPERITY, GLADNESS AND HOPE	KE HUMA						
<u>=</u>	-											
5	2 (Check th	nis box 🛏	✓ if the organization	discontinued its operations or disp	posed of	more than	25% of its	net:	assets		
			'	_	erning body (Part VI, line 1a)		more than	25 % 01 113	3	8		
<u>g</u>			_	_	rs of the governing body (Part VI, I				4	0		
Acuvilles &	5	Total nu	mber of ır	ndıvıduals employed	ın calendar year 2010 (Part V, line	· 2a) .			5	37		
₹	6	Total nu	mber of v	olunteers (estimate	ıfnecessary)				6	20		
	7a 7	Total un	related b	usiness revenue fror	n Part VIII, column (C), line 12 .				7a	21,545		
	ь	Net unre	lated bus	iness taxable incom	ne from Form 990-T, line 34				7b	-18,433		
							Pr	ior Year		Current Year		
g,	8			nd grants (Part VIII	379	11,527						
Ä.	9			e revenue (Part VII)	759	16,290						
Revenue	10		tment inc	3	-223,954							
_	11									59,075		
	12	12)								-137,062		
	13				art IX, column (A), lines 1–3).					150		
	14	Benefi	ts paid to		500							
ø	15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							37,769		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)							190	0		
क ≘	ь											
Δ	17	Total fundraising expenses (Part IX, column (D), line 25) ▶○ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)								68,229		
	18				must equal Part IX, column (A), line			178,	\rightarrow	106,648		
	19		ue less e	832	-243,710							
8 %							Beginni	ng of Curre	\rightarrow	End of Year		
net Assets of Fund Bafances	<u>-</u> -							Year	2.5.5			
888 188	20							392,	-	188,656		
6 E	21							·	588	72,749		
	22 11111		ature E		act line 21 from line 20	• •	<u> </u>	359,	01/	115,907		
Jndei Gnow	r penal	ties of p	erjury, I d	eclare that I have exa	mined this return, including accompa ete. Declaration of preparer (other tha	nying sch n officer)	edules and is based o	statements n all informa	, and ation	to the best of my of which preparer has any		
		****	**					2011-09-28				
Sign		Signa	ature of offi	cer				Date				
dere	2		BEAVERS Pr									
	1	<u> </u>	•	me and title	T	1		Toler 1	16	T		
		Print/Type preparer's		Barbara L Johnsen	Preparer's signature Barbara L Johnsen	Date	e	Check if se employed		PTIN		
Paid		Fırm's nar	me 🕨 Meye	er & Associates PC	•			•	•	Firm's EIN		
Prepa		Fırm's add	iress 🕨 11	5 N 25th St PO Box 574						Phone no (402) 223-		
Jse (JIIIY		Bea	atrice, NE 68310						3367		

May the IRS discuss this return with the preparer shown above? (see instructions)

	990 (2010)				Page Z
Par		t of Program Service A ledule O contains a response t	ccomplishments to any question in this Part III		୮
1	Briefly describe the	e organization's mission			
OF L	IBERTY, TRUTH, JU		ATIONAL NON-PROFIT ORGANI MAKE HUMAN LIFE MORE DESI HOPE		
2	the prior Form 990	or 990-EZ?		ich were not listed on	∕es ✓ No
	If "Yes," describe t	hese new services on Schedul	e O		
3	services?		ignificant changes in how it condu		ſes No
4	Describe the exemple Section 501(c)(3)	pt purpose achievements for e and 501(c)(4) organizations a	ach of the organization's three larg nd section 4947(a)(1) trusts are r enue, if any, for each program serv	equired to report the amount	
4a	(Code YOUTH BASEBALL PRO) (Expenses \$ GRAM	including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program se (Expenses \$	rvices (Describe in Schedule including) (Revenue \$)
4e	Total program ser	vice expenses ► \$			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
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		Νο
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		Νο
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		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νo
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νo
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νο
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Νο
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		Νο
b	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		Νo
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νο
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

1 011111	990 (2010)			Page -
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νo
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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	25a		Νο
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	25b		No
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	26		Νο
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	Yes	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	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," complete Schedule R, Part V, line 2 Yes			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
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	Yes	

Part V 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						
L	Enter the number of Forms W. 3C included in line 15. Enter O if not applicable						
U	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c		Νo			
2a	gaming (gambling) winnings to prize winners?			IN U			
	Statements filed for the calendar year ending with or within the year covered by this						
h	return						
•		2b	Yes				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes				
4a	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)?	4a		Νo			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		No			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		No			
-		5с					
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		Νo			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
_	were not tax deductible?	6b		Νo			
7	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	7a		Νo			
а	services provided to the payor?	/a		NO			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νo			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo			
f	${f f}$ Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		No			
h	required?						
	Form 1098-C?	7h		No			
8	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		Νο			
9	Sponsoring organizations maintaining donor advised funds.						
_	Did the organization make any taxable distributions under section 4966?	9a		Νo			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο			
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club						
	facilities						
	Section 501(c)(12) organizations. Enter						
	Gross income from members or shareholders						
U	against amounts due or received from them)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the						
19	year Section 501(c)(29) qualified nonprofit health insurance issuers.						
13 a	Is the organization licensed to issue qualified health plans in more than one state?						
a	Note. See the instructions for additional information the organization must report on Schedule O	13a		Νo			
b	Enter the amount of reserves the organization is required to maintain by the states						
c	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand						
	13c						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Νo			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

_Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Does the organization have members or stockholders?	6		Νo			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No			
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the						
	year by the following						
а	The governing body?	8a	Yes				
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9 	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο			
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)						
			Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		No			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No			
11a	11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form						
		11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this is done	12c		Νo			
13	Does the organization have a written whistleblower policy?	13		Νo			
14	Does the organization have a written document retention and destruction policy?	14		Νo			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		Νo			
b	Other officers or key employees of the organization	15b		Νo			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		N o			
Se	ection C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)						
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request						

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization RICHARD GENRICH
 PO BOX 33
 BEATRICE, NE 68310
 (402) 223-4230

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, and **current** key employees 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

Check this box if neither the organiz	•	lated or	ganı	zatio	n cc	mpen	sate	d any current office	r, dırector, or trust	e e
(A) Name and Title	hours			C) (che	cka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) STEVE LEECH Trustee	6 00	х						500	0	0
(2) RICHARD GENRICH Secretary	30 00	х		Х				2,301	0	0
(3) NICHOLAS VRTISKA Trustee	6 00	х						1,000	0	0
(4) LOWELL EISENHAUER Trustee	6 00	х						1,000	0	0
(5) JIM BEAVERS President	1 00	х		х				15	0	0
(6) JAMES BAILEY Vice President	1 00	х		х				15	0	0
(7) GERALD HULSE Treasurer	2 00	х		х				560	0	0
(8) DON RINNE Trustee	6 00	Х						250	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per	1	(tion that a					(D) Report compens	able sation	(E) Reportable compensation from related		(F) Estima amount o compens	ated fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organizat 2/1099-	ion (W-	organizations (W- 2/1099- MISC)		from from from from from from from from	the ion and ed
1b	Sub-Total				•	•		•						
c d	Total from continuation sheets						•	 		5,641		-		
2	Total (add lines 1b and 1c) . Total number of individuals (inc \$100,000 in reportable competed)	luding but not lin	nıted to	thos	e lıs				received i	<u>'</u>	n			
													Yes	No
3	Did the organization list any fo i on line 1a? <i>If</i> "Yes," complete Sc				e, k	eye •	mploy •	ee, c	or highest c	ompens	ated employee	3		No
4	For any individual listed on line organization and related organiz													
5	Individual	receive or accri	· ·	• nenes	tion	fror	n anv	• unra	lated organ	· ·	r individual for	4		No
•	services rendered to the organi										•	5		No
Se	ection B. Independent Cor	ntractors												
1	Complete this table for your five \$100,000 of compensation from	e highest comper		ndep	ende	ent o	ontra	tors	that recei	ved more	e than			
		(A) me and business add								Descr	(B) iption of services		(C Comper	
												\dashv		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization ▶0

Form 990 (2010) Part VIII Statement of Revenue									
zaru	<u> </u>	Statement of Reven	ue		(A) Total revenue	or exempt	(C) Unrelated business revenue	exclude	
						function		from tax under section 512, 513, o	
	12	Federated campaigns	1a					514	
e file		Membership dues							
5.€ 5.€		Fundraising events							
		Related organizations							
Ξ,š	e	Government grants (contributions)	1e						
and other similar amounts	-	All other contributions, gifts, grants similar amounts not included above Noncash contributions included in I	e e	11,527					
and a	-	Total. Add lines 1a-1f			11,527				
	_			Business Code					
ie vei		MISCELLANEOUS INCOME Membership Dues & Assessments		-	121 14,411	121 14,411			
Ce F		DAILY DRAWINGS			19				
ž.		BASEBALL PROGRAM			1,739	1,739			
Program Service Revenue	e f	All other program service re	venue						
Prog	g	Total. Add lines 2a-2f .			16,290				
	3	Investment income (includir							
		and other similar amounts) Income from investment of tax-ex			18				
		Royalties			0				
			(ı) Real	(II) Personal					
		Gross Rents							
		Less rental expenses							
		Rental income or (loss)							
	d	Net rental income or (loss)			0				
	7a	Gross amount from sales of assets other	(ı) Securities	(II) O ther 180,000					
	ь	than inventory Less cost or other basis and		403,972					
	_	sales expenses Gain or (loss)		-223,972					
		Net gain or (loss)	<u> </u>	,	-223,972				
טַ	8a	Gross income from fundraisi	ng events			223,972			
omer nevenue		(not including							
		of contributions reported on See Part IV, line 18							
į	ь	Less direct expenses .	b						
•		Net income or (loss) from fu	_		0				
			activities See Part IV, line 19 . a	10,928					
		Less direct expenses . Net income or (loss) from ga	b	3,119	7,809	5,633	2,176		
		Gross sales of inventory, les	<u> </u>		,	,			
		returns and allowances .	a						
	Ь	Less cost of goods sold .		100,404 49,138					
		Net income or (loss) from sa		49,130	51,266	31,897	19,369		
		Miscellaneous Revenue		Business Code					
	11a								
	b								
	Q C	: All other revenue							
		Total. Add lines 11a-11d			_				
			▶		0				
		Total revenue. See Instructi							

	(C) (D) agement and ral expenses expenses
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to governments and 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 5 Compensation of current officers, directors, trustees, and key employees	ngement and Fundraising
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to governments and 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 5 Compensation of current officers, directors, trustees, and key employees	ngement and Fundraising
7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to governments and 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 5 Compensation of current officers, directors, trustees, and key employees	
In the U S See Part IV, line 21 Grants and other assistance to individuals in the U S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	
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 5 Compensation of current officers, directors, trustees, and key employees	
Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	
5 Compensation of current officers, directors, trustees, and key employees	
key employees 5,641	
6 Compensation not included above, to disqualified persons	1
(as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	
7 Other salaries and wages 24,226	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	
9 Other employee benefits	
10 Payroll taxes	
a Fees for services (non-employees) Management	
b Legal	
c Accounting	
d Lobbying	
e Professional fundraising services See Part IV, line 17 0	
f Investment management fees	
g Other	
12 Advertising and promotion	
13 Office expenses	
14 Information technology	
15 Royalties 0	
16 Occupancy	
17 Travel	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	
19 Conferences, conventions, and meetings	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization 2,532	
23 Insurance	
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	
a TAXES-PER CAPITA 8,231	
b SUPPLIES 1,656	
c MAINTENANCE & REPAIRS 3,862	
d LICENSES 3,013	
e ENTERTAINMENT 1,678	
f All other expenses 5,309	
25 Total functional expenses. Add lines 1 through 24f 106,648 0	0
26 Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	

Form 990 (2010) Page **11** Part X Balance Sheet (A) (B) Beginning of year End of year -5.152 30,274 Cash—non-interest-bearing 2 0 2 Savings and temporary cash investments 3 3 0 0 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 Receivables from other disqualified persons (as defined under section 4958(f)(1)), 6 persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 0 6 7 0 2,750 8 2,800 8 Prepaid expenses and deferred charges 9 0 Land, buildings, and equipment cost or other basis. Complete Part 10a

	10a	Land, buildings, and equipment cost or other basis <i>Complete Part</i> VI of Schedule D	10a	157,5	64		
	ь	Less accumulated depreciation	10b	2,5	32 394,057	10c	155,032
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities See Part IV, line 11		•		12	0
	13	Investments—program-related See Part IV, line 11		13	0		
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			550	15	550
	16	Total assets. Add lines 1 through 15 (must equal line 34)			392,205	16	188,656
	17	Accounts payable and accrued expenses .			32,588	17	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
<u>ē</u> ,	21	Escrow or custodial account liability Complete Part IV of Schedule	D.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ï		persons Complete Part II of Schedule L	22				
	23	Secured mortgages and notes payable to unrelated third parties		23	72,749		
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			32,588	26	72,749
Balances		Organizations that follow SFAS 117, check here ► ☐ and comple through 29, and lines 33 and 34.	te lin	es 27			
<u>a</u>	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
Fund	29	Permanently restricted net assets				29	
or Fu		Organizations that do not follow SFAS 117, check here ▶	comp	let e			
	30	Capital stock or trust principal, or current funds			359,617	30	115,907
sets	31	Paid-in or capital surplus, or land, building or equipment fund .		31			
AS	32	Retained earnings, endowment, accumulated income, or other fund		32			
Net	33	Total net assets or fund balances	359,617	33	115,907		
_	34	Total liabilities and net assets/fund balances			392,205	34	188,656
							Form 990 (2010)

Pa	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				-
	Check if Schedule of Contains a response to any question in this Fart X1	·	•		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		- 1	137,06
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	106,648
3	Revenue less expenses Subtract line 2 from line 1	3		- 2	243,71
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	359,61
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1	15,90
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	•
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		Νο
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O		2c		Νo
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
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?	9	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		Νo

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493273006081

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

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.

Open to Public

ame of the organization RATERNAL ORDER OF EAGLES AERIE 531		Employer ide	ntification number
		47-0166070	
organizations Maintaining Dono organization answered "Yes" to Form			
	(a) Donor advised funds	(b) Funds	and other accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor funds are the organization's property, subject to	_	lonor advised	┌ Yes
Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit	benefit of the donor or donor advisor, or fo	rany other purpose	☐ Yes ☐ No
art II Conservation Easements. Comple	ete if the organization answered "Yes	<u>" to Form 990, P</u>	art IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreption of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a ceasement on the last day of the tax year	reation or pleasure)	a certified historic	structure
easement on the last day of the tax year		Held a	at the End of the Year
Total number of conservation easements		2a	it the that of the real
 Total acreage restricted by conservation easement 	ents	2b	
Number of conservation easements on a certified		2c	
Number of conservation easements included in (· ·	2d	
·			
Number of conservation easements modified, tra	nsierrea, reieasea, extinguisnea, or termin	ated by the organiz	ation during
Number of states where property subject to cons	ervation easement is located ►		
Does the organization have a written policy regain enforcement of the conservation easements it ho		andling of violation	s, and Yes No
Staff and volunteer hours devoted to monitoring,	inspecting and enforcing conservation eas	ements during the	year ►
A mount of expenses incurred in monitoring, insp	ecting, and enforcing conservation easeme	nts during the year	· ► \$
Does each conservation easement reported on li 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of	section	┌ Yes ┌ No
In Part XIV, describe how the organization repor- balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financ		
rt III Organizations Maintaining Collec	ctions of Art, Historical Treasure ed "Yes" to Form 990, Part IV, line 8.		ilar Assets.
If the organization elected, as permitted under S art, historical treasures, or other similar assets l provide, in Part XIV, the text of the footnote to it	FAS 116, not to report in its revenue state neld for public exhibition, education or rese	ment and balance s arch in furtherance	
If the organization elected, as permitted under S historical treasures, or other similar assets held provide the following amounts relating to these it	for public exhibition, education, or researc		•
(i) Revenues included in Form 990, Part VIII, lii	ne 1	► \$	
(ii) Assets included in Form 990, Part X		▶ - ⊄	
If the organization received or held works of art, following amounts required to be reported under s		s for financial gain,	provide the
Revenues included in Form 990, Part VIII, line 1		► \$	
, ·		· +	

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	ollections of Ar	t, His	tori	<u>cal Tre</u>	easur	es, or C	<u> the</u>	<u>r Similar As</u>	sets	(COI	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	ny of th	ne foll	owing th	nat are	a signific	ant u	se of its collect	ion		
а	Public exhibition		d	\vdash	Loan o	rexch	ange prog	rams				
Ь	Scholarly research e Other											
С	Preservation for future generations											
4	Provide a description of the organization's content XIV	ollections and expla	aın hov	w the	y further	the or	ganızatıor	n's ex	empt purpose ı	n		
5	During the year, did the organization solicit assets to be sold to raise funds rather than									Γγe	ès	┌ No
Pai	rt IV Escrow and Custodial Arrang						answere	d "Y	es" to Form 9	90,		
	Part IV, line 9, or reported an ar		•		•							
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ions oi	r other ass	sets i		ΓYe	:S	Г No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	able		Г					
_							-	_	An	ount		
C C	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on F	•	ne 21?							Ye	:S	No
	If "Yes," explain the arrangement in Part XI\					–						
Pa	rt V Endowment Funds. Complete	If the organizatio)Prior \			orm 990 Years Back		t IV, line 10. Three Years Back	(e)Fc	ur Ye	ars Back
1a	Beginning of year balance	(a) carrent rear	(2)	y . 1.0.	· cai	(0)	rears back	1(4)	Timee rears back	(0).	<u></u>	ars back
ь	Contributions							+				
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
	and programs							_				
f	Administrative expenses							+				
g	End of year balance											
2	Provide the estimated percentage of the year	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
Ь	Permanent endowment 🕨											
c	Term endowment 🕨											
3а	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	that a	are held	and ad	lmınıstere	d for	the	Г	res	No
	(i) unrelated organizations								3a(-		110
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	ched	ule R?				3Ł	<u> </u>		
4	Describe in Part XIV the intended uses of th											
Pai	t VI Investments—Land, Building	s, and Equipme	ent. S				rt X, lıne	10.	Ι			
	Description of investment) Cost or sis (invest		(b)Cost or basis (oth		(c) Accumulated depreciation	1 (d) Bo	ok value
1a	Land		•				1.	3,110				13,110
b	Buildings		•				12	5,985	1,2	13		124,772
c	Leasehold improvements		•							\perp		
d	Equipment		•				1	8,469	1,3	19		17,150
e	Other											

155,032

Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(2)2001111111	Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
T-1-1 (C-1 (h) -h C COO D+ V (C) h (2)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
		(c) Metho	d of valuation
(a) Description of investment type	(b) Book value		f-year market value
	1		
	1		
	1		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin			
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	, , , , , \	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value

2011	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its
L	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
	Excess or (deficit) for the year Subtract line 2 from line 1	3
	Net unrealized gains (losses) on investments	4
;	Donated services and use of facilities	5
5	Investment expenses	6
7	Prior period adjustments	7
3		8
	Other (Describe in Part XIV)	
	Total adjustments (net) Add lines 4 - 8	9
0	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	Reconciliation of Revenue per Audited Financial Statements With Revenue p	
	Total revenue, gains, and other support per audited financial statements	1
	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	4c
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
	Total expenses and losses per audited financial statements	1
	A mounts included on line 1 but not on Form 990, Part IX, line 25	-
а	Donated services and use of facilities	
a b	Prior year adjustments	1
c	Other losses	-
	Other (Describe in Part XIV) 2d	1
d •	Add lines 2a through 2d	_ 2e
e	Subtract line 2e from line 1	3
_	A mounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-
Ь	Other (Describe in Part XIV)	-
С	Add lines 4a and 4b	4c
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

Identifier Return Reference Explanation

additional information

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493273006081

SCHEDULE N (Form 990 or 990-EZ)

Liquidation, Termination, Dissolution or Significant Disposition of Assets

Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.

► Attach certified copies of any articles of dissolution, resolutions or plans.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRATERNAL ORDER OF EAGLES AERIE 531

Employer identification number

47-0166070

au Faum 000 F7 June

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(d)Method of determining FMV for asset(s) distributed or transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or typ of entity

Become an employee of, or independent contractor for, a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III 🕨

Did or will any officer, director, trustee, or key employee of the organization

Become a direct or indirect owner of a successor or transferee organization?

Become a director or trustee of a successor or transferee organization?

Yes

2a

2b

2c

2d

No

Fe	Note. If the organization distributed a			m 990 Part X column (B) should equal -0-			Yes	No
3	-		• •	, ,			3	†	
4а	Is the organization required to notify		-				4a	\dagger	\dagger
b	If "Yes," did the organization provide	· -					4b	+	1
5	Did the organization discharge or pay						5	+	<u>† </u>
6а							•	\dagger	\dagger
ь	Did the organization discharge or defe	•					6b	\dagger	t
	If "Yes," describe in Part III how the	•				idws	•		
		ition or Other 1	ransfer of More Th	nan 25% of the Org	anization's Asset	ts. Complete if the organization a	answered	"Yes	" to
1	(a)Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses		(e)EIN of recipient	(f)Name and address of recipient	of reci	RC section Ipient(s) Impt) or If entity) (ıf
ВU	JILDING, LOT AND EQUIPMENT	12-10-2010	180,000	SALE PRICE	20-0992568	JOHNSEN ENTERPRISES LLC			
						111 S 8TH ST BEATRICE,NE 68310			
								Yes	No
2	Did or will any officer, director, truste	e, or key employee	of the organization						113
а	Become a director or trustee of a suc	cessor or transfere	e organization?				2a	<u> </u>	<u> </u>
b	Become an employee of, or independe	ent contractor for, a	successor or transferee	e organization?			. 2b	<u> </u>	<u> </u>
c	Become a direct or indirect owner of a	a successor or tran	sferee organization?				. 2c	 	<u> </u>
d	Receive, or become entitled to, comp	ensation or other s	ımılar payments as a res	ult of the organization's	sıgnıfıcant dısposıtıon	of assets?	. 2d	<u> </u>	<u> </u>
e	If the organization answered "Yes" to	any of the question	ns in this line, provide th	e name of the person inv	olved and explain in P	art III			

and any additional information.

Part III Supplemental Information. Complete to provide the information required by Parts I and II,

Identifier Return Reference Explanation

Schedule N (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493273006081

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010

Open to Public

Inspection

Name of the organization

FRATERNAL ORDER OF EAGLES AERIE 531

Employer identification number

47-0166070

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19		ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST MADE TO ANY MEMBER OF THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS AND SIGNED BY AN OFFICER OF THE BOARD BEFORE IT IS FILED