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#### , **∦** Fom 990

**BCA** 

**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)

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	A	For th	e 2010	calendar year, or tax year beginning $JUN 01$ , 2010, and en	ding	MAY 31,2011				
		heck if		C Name of organization FRATERNAL ORDER OF EAGLES	D Employer id	lentification number				
ĺ		ddress		Doing Business As 2883 AERIE	52-	0575749				
	٦,	lame ch	ange	Number and street (or P O box if mail is not delivered to street address)  Room/Suite	E Telephone n	umber				
	-	nitial reti		PO BOX 5217 14700 McMallen Howy.	301	-729-1430				
	_	erminat			C	s 573901.				
1	_	mende		CUMBERLAND MD 2 <del>1505-5127</del> 21502	H(a) Is this a	<del></del>				
	┥,	φρίιcatι		F Name and address of principal officer HARRY GROVE	for affilia					
l	p	ending		PO BOX 5217 CRESAPTOWN MD 21505	H(b) Are all affili					
	ΙT	ax-exe	empt sta	· ,,,	If "No", atta	ach a list				
		/ebsit		30 1(0)(0) F4 30 1(0)(F 0) 4 (most 110.)	(see instrui	mption number				
			rganization	X Corporation Trust Association Other ► L Year of form		M State of legal domicile				
		art I		nmary	100011	W Clate of legal dofficie				
1				escribe the organization's mission or most significant activities						
				EAGLES UNITE ITS MEMBERS IN THE BONDS OF FI	RATERNAL	TSM.				
	ည				CTIVITIE					
	na Ta				<del>-</del>	<u> </u>				
	Ž	2	Check th	his box If the organization discontinued its operations or disposed of more than	25% of its net a	assets				
	ဗိ			of voting members of the governing body (Part VI, line 1a)		3 9				
	•ජ ග			of independent voting members of the governing body (Part VI, line 1b)		4				
	ij			imber of individuals employed in calendar year 2010 (Part V, line 2a)		5				
	Activities & Governance			imber of volunteers (estimate if necessary)		6				
	ĕ			related business revenue from Part VIII, column (C), line 12		7a				
				elated business taxable income from Form 990-T, line 34		7b				
					Prior Year	Current Year				
		8	Contribu	utions and grants (Part VIII, line 1h)		24848.				
	Ž			n service revenue (Part VIII, line 2g)		1014.				
<del>(=)</del>	Revenue		-	ent income (Part VIII, column (A), lines 3, 4, and 7d)		7991.				
2011	ĕ	,		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		294587.				
				venue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		328440.				
4				and similar amounts paid (Part IX, column (A), lines 1-3)		13154.				
es :				s paid to or for members (Part IX, column (A), line 4)						
OCT	so.			s, other compensation, employee benefits (Part IX, column (A), lines 5-10)		156891.				
0	Expenses			ional fundraising fees (Part IX, column (A), line 11e)						
ANNED	<u>B</u>			ndraising expenses, (Part IX, column (D), line-25)						
#	ш			xpenses (Part IX, column (A), lines 17a-110, 111-24/		114913.				
Z				penses Add lines 13-17 (must equal Part IX, column (A), line(25)		284958.				
Ø,		19		e less expenses. Subtract line 18 from line 12		43482.				
<u> </u>				Beg	ginning of Curr Year	rent End of Year				
	ance	20	Total as	sets (Part X, line 16)	42497	0. 467818.				
	Ass.	21	Total lia	bilities (Part X, line 26)	470	4. 2681.				
	Fund	22		ets or fund balances Subtract line 21 from line 20	42026	6. 465137.				
	Pa	rt II		nature Block		<del></del>				
,	Unde	r penalti	es of perju	ry, I declare that I have examined this return, including accompanying schedules and statements, and to the best o	f my knowledge					
	and b	elief, it i	s true, corr	rect, and complete Declaration of preparer bither than officer) is based on all information of which preparer has any	y knowledge					
•				Hay W. Sum	08	/23/2011				
	Sig	n		Signature of officer	Date	e				
	He	re		HARRY GROVE SECRETARY						
				Type or prnt name and title						
	Paid	1	Prin	t /Type preparer's name Preparer's signature Date	Check	ıf PTIN				
	Pre	parer	LRE	GINA HAMM CPA REGINA HAMM CPA08/23/2	2011 self-em	ployed P00120230				
	Use	Only	Firm	n's name ► RHR - JWR INC CAMA NAMM (1 PA	Firm's EIN▶	55-0795097				
			Firm	n's address ▶ 16210 MCMULLEN HIGHWAY	Phone no	-				
				CUMBERLAND MD 21502	301-72	9-4721				
	May	the IF	RS discu	iss this return with the preparer shown above? (See instructions)		X Yes No				
	For	Paper	work R	eduction Act Notice, see the separate instructions.		Form <b>990</b> (2010)				

US990\$\$1

таі	Check if Schedule O contains a response to any question in this Part III		П
1			
1	Briefly describe the organization's mission UNITES FRATERNALLY IN THE SPIRIT OF LIBERTY, TRUTH, JUSTICE AND		
	EQUALITY, TO MAKE HUMAN LIFE MORE DESIRABLE BY LESSENING ITS ILL	<u> </u>	
	AND BY PROMOTING PEACE, PROSPERITY, GLADNESS AND HOPE	.,	
	AND BY PROMOTING PEACE, PROSPERTIT, GLADNESS AND HOPE		
2	Did the organization undertake any significant program services during the year which were not listed on	₽	
	the prior Form 990 or 990-EZ?	X	No
	If "Yes," describe these new services on Schedule O.	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X	No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code ) (Expenses \$ 171410 . including grants of \$ ) (Revenue \$		-
	THE SALE OF INVENTORY PROVIDES THE OPPORTUNITY FOR FRATERNAL		
	COMRADERIE BETWEEN ITS MEMBERS		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		
40	(Code) (Expenses \$ including grants of \$) (Nevertice \$)		
		_	
4d	Other program services (Describe in Schedule O )		_
	(Expenses \$ including grants of \$ )(Revenue \$ )		
4e	Total program service expenses ► 171410.		_
70	Form Service expenses P	000	(2010)

### Part IV Checklist of Required Schedules

-			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
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		X
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? 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		
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	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			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-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,			
	VII, VIII, IX, or X as applicable	ļ 1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	ا مما	х	
	Schedule D, Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		^
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	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
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated infandal statements for the tax year include a footificte that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI, XII, and XIII	12a		х
h	Was the organization included in consolidated, independent audited financial statement 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		Х
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, Part I and IV	14b		Х
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 United States? If "Yes," complete Schedule F, Part II and IV	15		Х
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 United States? If "Yes," complete Schedule F, Part III and IV	16		Х
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	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?			
	If "Yes," complete Schedule G, Part III	19	X	
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes"to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers the	at		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Fo	rm <b>990</b>	(2010

	t IV Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
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	Χ	
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		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	23		X
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 through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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	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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			v
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	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?			v
	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)	200		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		X
_	Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		х
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? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	35		Х
-	of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule Q and provide explanations in Schedule Q for Part VI. lines 11 and			

197 Note. All Form 990 filers are required to complete Schedule O

Check if Schedule O contains a response to any question in this Part V  18 Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable  19 Do  10 Do the organization comply with backup withholding nules for reportable payments to vendors and reportable gaming (gimmburg) withings to prize winners?  28 Enter the number of emblyves reported on Form W-3, Transmitted of Wage and Tax Statements, filled for the calendary are ending with or within the year covered by this return.  29 Enter the number of emblyves reported on Form W-3, Transmitted of Wage and Tax Statements, filled for the calendary are ending with or within the year covered by this return.  20 Enter the number of emblyves reported on Form W-3, Transmitted of Wage and Tax Statements, filled for the calendary are ending with or within the year covered by this return.  20 Enter the number of emblyves reported for Form W-3, Transmitted of Wage and Tax Statements, filled for the calendary are ending with or within the year covered to either terms. (see matructions)  20 Did the organization have unrelated business gross income of \$1,000 or more during the year?  21 Did with the organization have unrelated business gross income of \$1,000 or more during the year?  22 Did the organization have unrelated business gross income of \$1,000 or more during the year?  23 Did the organization that organization have an interest in, or a signature or other authority over.  24 A lary time during the calendary end; of the ingenization have an interest in, or a signature or other authority over.  25 A large that the name of the foreign country.  26 Was the organization are proprietion that it was or as a party to a prohibited tax shelter transaction?  27 B Did will be a grassization include with every solicitation and entry the proprietion of the tax year?  28 Enter the number of form 8 prohibited tax shelter transaction?  29 Did the organization relation and properties that are normally greater than \$100,000, and did the organization relation that may receive	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
18 Enter the number reported in Box 3 of Form 1996. Enter -0 if not applicable  19 Enter the number of Forms W-5Q clinicated in the 18 Enter -0 if not applicable  19 Did the organization comply with backup with boding rules for reportable payments to vendors and reportable  20 Enter the number of employees reported on from W-3. Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  21 Enter the number of employees reported on from W-3. Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  22 In the sum of lines 1s and 2s is greater than 250, you may be required federal employment tax returns?  Note, if the sum of lines 1s and 2s is greater than 250, you may be required the ending the year?  30 Lift the organization have unrelated business gross income of \$1,000 or more dump the year?  31 Lift (19 Lift (19 Lift) A company of the year)  32 Lift (19 Lift) A company of the year of the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities second).  32 Lift (19 Lift) A company of the third organization for form 10 Lift (19 Lift) A company of the financial accountry.  33 Lift (19 Lift) A company of the organization have an interest in, or a significant or other authority over, a financial accountry or the financial accountry.  33 Lift (19 Lift) A company of the organization fine from 80 Lift (19 Lift) A company of the second organization and any time during the tax year?  34 Lift (19 Lift) A company of the organization fine from 80 Lift (19 Lift) A company of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization received an organization from 80 Lift (19 Lift) A company of the organization from 80 Lift (19 Lift) A company of the organization and year organization and party (19 Lift) A company of the organization and party (19 Lift		Check if Schedule O contains a response to any question in this Part V			$\prod$
be Enter the number of Forms W-2G included on line 1a. Enter -0-if not applicable				Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Statements, flied for the calendar year ending with or within the year covered by this return  It all least one is reported on line 22, did the organization file all required iderated employment tax returns?  Note. If the sum of lines 1s and 2s is greater than 250, you may be required foetarl employment tax returns?  Note. If the sum of lines 1s and 2s is greater than 250, you may be required foetarl employment tax returns?  Note. If the sum of lines 1s and 2s is greater than 250, you may be required foetarl employment tax returns?  Note. If the sum of lines 1s and 2s is greater than 250, you may be required foetarl employment tax returns?  Note. If the sum of lines 1s and 2s is greater than 250, you may be required foetarl employment tax returns?  Note. If the sum of lines 1s and 2s is greater than 250, you may be required foetarly only the year?  If Yes, *line the name of the foregre, country.  See the instructions for filing requirements for form TD F 90-22.1, Report of Foregre Bank and Financial accounts?  See the instructions for filing requirements for form TD F 90-22.1, Report of Foregre Bank and Financial Accounts.  See the instructions for filing requirements for Form TD F 90-22.1, Report of Foregre Bank and Financial Accounts.  See If Yes's to line 3s or 5s, did the organization line form 888-7?  See In Yes's to line 3s or 5s, did the organization line form 888-7?  See Does the organization approach that a was not as a party to a prohibited tax sheller transaction?  See If Yes's to line 3s or 5s, did the organization file Form 888-7?  See If Yes, *did the organization include with every solitation an asperse statement that such contributions or gifts were not tax deductible?  If Yes, *did the organization near that a contribution or gifts were not tax deductible?  If Yes, *did the organization receive a contribution of contribution of party to year t					
gaming (gambling) winnings to prize winners?  2 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  2 If it teast one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return, (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization flave an interest in, or a signature or other authority over, as filenance account in a foreign country (such as a bank account, securities account or other financial accountry?  5b If Yes, enter the name of the foreign country.  5c Wes the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5d Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5d Dod any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5d Dod and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic any contributions that time that tax deductable?  6d Dod the organization and the accountage of the organization and the accountage of the payor?  5d If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?  6d Dod the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  7d If Yes, "did the organization notify the donor of the value of the goods or services provided?  7d Dod the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  8d If Yes, "did the organization notify the organization organi		Zinci the harriest of Terme V 20 medeed in mile to Zinci o in het applicable			
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 b if at teast one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file the return, (see instructions) 3a Did the organization have unrefeated business gross income of \$1,000 or more dump the year? 3a X X bif 17'es, "has if filed a Form 990-1 for this year? If No." provide an explanation in Schedule O 3b A Arany time dump the calendary year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country; exit of the organization have in terest in, or a significant or other financial account)?  See the instructions for filing requirements for Form 1D F 90-22.1. Report of Foreign Bank and Financial Accounts.  Was the organization party to a prohibited tax sheller transaction at any time dump the tax year?  See Was the organization party to a prohibited tax sheller transaction at any time dump the tax year?  5a X X b Did sany taxable party notify the organization file Form 8886-17  5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization party to a prohibited tax sheller transaction or gifts were not tax deductible?  6a X three organization and the organization file Form 8886-17  6b Does the organization shell exclude with every solitation an appears statement that such contributions or gifts were not tax deductible?  6b If Yes," did the organization organization organization and party for goods and services provided to the pargarization shell exclude with every solitation and party for goods and services provided to the pargarization shell exclude with every solitation and party for goods and services provided to the pargarization shell exclude with every solitation and solitation and party fo	С	_			ı
Statements, flied for the calendar year ending with or within the year covered by this return	٥.		10	<u>^</u>	
bill at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b. If Yes, * has it filed a Form 990-T for this year? If *No.* provide an explanation in Schedule 0  3b. If Yes, * has it filed a Form 990-T for this year? If *No.* provide an explanation in Schedule 0  3b. If Yes, * and the during the catheold year, did the organization have un 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. X  X  b. If Yes, * and	2a				
Note. If the sum of lines its and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3	_		2b		Τ
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a financial account in a foreign country (such as a bink account, secunities account, or other financial account)?  b If "Yes," enter the name of the foreign country:  See the instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  58 Was the organization a party to a prohibited tax shelter transaction at any time during the lax year?  59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 Life "Yes" to line Sa or 55, did the organization file Form 8886-17  50 Cif "Yes" to line Sa or 55, did the organization file Form 8886-17  51 Did with the organization solicit any contributions that were not tax deductible?  52 Life "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on tax deductible on tax deductible?  52 Life "Yes," did the organization receive deductible contributions under section 170(c).  53 Life "Yes," did the organization notify the donor of the value of the goods or services provided?  54 Life "Yes," did the organization neity the donor of the value of the goods or services provided?  55 Life "Yes," did the organization neity the donor of the value of the goods or services provided?  56 Life "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?  56 Life "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 88282? filed during the year  57 Life "Yes," did the organization received a contribution of qualified intellectual property, did the organization file? Form 8990 as required to file form 8809 as required to file form 890 as required to file form 890 as required to file form 890 as possible as form 1088.  58 Sponsoring organizations and the subsporting organization, and an exceeded funds.  59 Life the organization make any taxable did			35		<del> </del>
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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 required  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a  Form 1098-C?  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?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a  13a  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  11d  11d  11d	d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Pa	art VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 thro	ugh 7	b below,	and for a	"No"	
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sche	dule (	See ins	structions		_
		Check if Schedule O contains a response to any question in this Part VI		_			$\perp \! \! \! \perp$
Secti	on A. Go	verning Body and Management					
						Yes	No
1a	Enter the	number of voting members of the governing body at the end of the year	1a		9		
b	Enter the	number of voting members included in 1a, above, who are independent	<u>1b</u>		_		
2	Did any	officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any othe	r officer, director, trustee, or key employee?			2		_X_
3		rganization delegate control over management duties customarily performed by or under the direct					
	•	on of officers, directors or trustees, or key employees to a management company or other person?			3		<u>X</u>
4		rganization make any significant changes to its governing documents since the prior Form 990 was	filed?		4		X
5		rganization become aware during the year of a significant diversion of the organization's assets?			5		Х
6		organization have members or stockholders?			6	X	
7a		organization have members, stockholders, or other persons who may elect one of more members					
_	_	verning body?			7a	X	
_	•	decisions of the governing body subject to approval by members, stockholders, or other persons?			7b	X	
8		rganization contemporaneously document the meetings held or written actions undertaken during					
		by the following.			1	v	
	•	eming body?			8a	X	
_		nmittee with authority to act on behalf of the governing body?			8b	Χ	
9		any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					v
<b>.</b>		ganization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		_ X
Secti	on B. Po	licies (This Section B requests information about policies not required by the Internal Revenue Co	de)		1	V	N1-
10-	Doos the	arganization have lead chanters broughes or offlicted?			10a	Yes	No X
		organization have local chapters, branches, or affiliates?		•	IVa		21
U		does the organization have written policies and procedures governing the activities of such chapters	ν,		10b		
115		and branches to ensure their operations are consistent with those of the organization? organization provided a copy of this Form 990 to all members of it's governing body before filing the	form	,	11a	X	
		in Schedule O the process, if any, used by the organization to review this Form 990.	101111		IIa		
		organization have a written conflict of interest policy? If "No", go to line 13			12a		X
		ers, directors or trustees, and key employees required to disclose annually interests that could give		•	120		
	rise to o				12b		
c		eorganization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			125		
Ŭ		in Schedule O how this is done			12c		
13		organization have a written whistleblower policy?			13		Х
		organization have a written document retention and destruction policy?			14		Х
15		rocess for determining compensation of the following persons include a review and approval by					'
	-	lent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	ion?				į
а	•	nization's CEO, Executive Director, or top management official?			15a		X
	•	icers or key employees of the organization?			15b		X
	If "Yes"	to line 15a or 15b, describe the process in Schedule O. (See instructions)					I
16a	Did the	rganization invest in, contribute assets to, or participate in a joint venture or similar arrangement			L		
	with a ta	xable entity during the year?			16a		Х
ь	If "Yes,"	has the organization adopted a written policy or procedure requiring the organization to evaluate					
	its partic	pation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
	the orga	nization's exempt status with respect to such arrangements?			16b		
Secti	on C. Di	closure					
17	List the	tates with which a copy of this Form 990 is required to be filed		-			
18	Section	6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(o	;)(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	ın Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	f inte	est			
	policy, a	nd financial statements available to the public.					
20		name, physical address, and telephone number of the person who possesses the books and record					
	organiza	tion: ►HARRY GROVE MCMULLEN H CRESAPTOWN MD 21505	30	<u>1-759</u>	9-268	3	

## 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

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

(A)	(B)			(C	)			(D)	(E)	(F)
Name and Title	Average	-	on (cl		all t		r —	1	Reportable	Estimated
	hours per	Individual trustee or director	lns	Officer	Σeg.	em Hig	Former	compensation	compensation	amount of
	week	Jire	Institutional trustee	icer	Key employee	ples	) iii	from	from related	other
	(describe hours for	ual	ğ	'	nplo	yee yee	٦	the	organizations	compensation
	related	` <u>इ</u>	<u>a</u> =		oye	) mg		organization	(W-2/1099-MISC)	from the
	organiza- tions in	stee	ţsu.		е	en		(W-2/1099-MISC)		organization
	Sch O)		ee			Highest compensated employee				and related
(1)BRUCE FOOTE						<u>a</u>			-	organizations
PRESIDENT	5			X		!		0	0	0
(2)DENNIS MCKENZI										
VICE PRES	5			X				0	0	0
(3)HARRY GROVE										
SECRETARY	20			X				10581.	0	0
(4)BRET RAMSEY										
TREASURER	5			X				0	0	0
(5) JAMES CHABOT										
TRUSTEE	5			X				0	0	0
(6)EDDIE MORRIS										
TRUSTEE	5			X		l		0	0	0
(7)BOB GILLIM										
TRUSTEE	5			X				0	0	0
(8)BILL PERDEW										
CHAPLAIN	5			X				0	0	0
(9) CRAIG SCHLOTTM										
CONDUCTOR	5			X				0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										
(15)								_		
(16)										
					Щ	<u> </u>		<u> </u>		5 000 (0040)

Section A. Officers, Directors	, Irustees	, Key	Emple	oyee	s, a	ina Hi	gne	st Compensated Er	nployees (continued	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average	Positi	ion (ct	neck	all t	hat ap		1	Reportable	Estimated
	hours per	우교	Ins	앛	줎	육天	F	compensation	compensation	amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from	from related	other
	(describe	cto	lion	`	ng!	st α yee	<b>–</b>	the	organizations	compensation
	hours for related	ੋ 2	al t		oye	<u> </u>		organization	(W-2/1099-MISC)	from the
	organiza- tions in	stee	l st		е	en		(W-2/1099-MISC)		organization
	Sch O)	"	ee			sate				and related
						<u> </u>				organizations
(17)	1									
						<u> </u>	ļ			
(18)	1									
(40)										
(19)	1									
(20)	-			-						
(20)	1									
(21)										
()	1									
(22)				<u> </u>						
	1									
(23)										
(24)										
				ļ			ļ . <u>.</u> .			
(25)	1									
-				ļ						
(26)	-					ŀ				
(07)					<u> </u>					
(27)	1				l					
(38)										
(28)	1									
1b Sub-total	1		<u> </u>	L	L		<b></b>	10581.	0	0
c Total from continuation sheets to Part \	/II. Sectio	n A					<b>•</b>	0	0	0
d Total (add lines 1b and 1c)	,						<b>•</b>	10581.	0	0
2 Total number of individuals (including but i	not limited	to tho	se liste	ed al	bove	e) who	rec	eived more than \$10	0,000 in reportable o	ompensation
from the organization						·				
										Yes No
3 Did the organization list any former officer	, director o	or trust	ee, ke	y en	nplo	yee, o	r hig	hest compensated		
employee on line 1a? If "Yes," complete S										3 X
4 For any individual listed on line 1a, is the s										
the organization and related organizations	greater th	an \$15	50,000	? If	"Yes	s," con	nple	te Schedule J for suc	ch	T
ındıvıdual				_						4 X
5 Did any person listed on line 1a receive or		-			-			-	vidual for	5 X
services rendered to the organization? If "	res, com	olete S	cneau	ile J	TOT S	sucn p	erso	on		5 X
Section B. Independent Contractors  1 Complete this table for your five highest or	mpoposto	d indo	pondo	nt o	ontr	actors	that	recoved more than	\$100,000 of	
compensation from the organization.	mpensate	iu iiiue	pende	ant C	OHILI	aciois	una	received more than	\$ 100,000 01	
(A)							T	(B)		(C)
Name and busines							Description of	services	Compensation	
2000.1910.1010										
								·-		<del></del>
										·
2 Total number of independent contractors (	ıncluding b	ut not	limite	d to	thos	se liste	d at	oove) who received r	nore than	
\$100,000 in compensation from the organi	zation >									

Part	VIII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts ts	1a	Federated campaigns	1a					
E in	ь	Membership dues	1b	22948.				
ë,e	С	Fundraising events	1c					
Contributions, gifts, grants and other similar amounts	d	Related organizations	1d					
		Government grants	1e	1850.				
sin	e f	(contributions) All other contributions, gifts,	10					ļ
řeti řet	ī	grants, and similar amounts	146	50.				
등 분	g	not included above Noncash contributions	1f	50.				
e P		included in lines 1a-1f	\$_	r	24040			
9 0	h	Total. Add lines 1a-1f		<b>•</b>	24848.			
				Business Code				
ice	2a _	JUKE BOX		722410	390.	390.		
Program Service Revenue	<b>b</b> _	RECYCLING		722410	624.	624.		
n S	c _							
ran eve	d_				_			
g R	0				_			
<u> </u>	f	All other program service re	evenue					
	g	Total. Add lines 2a-2f		<b>•</b>	1014.			
	3	Investment income (includir	ng divide	ends, interest, and				
		other similar amounts)		▶	7991.	7991.		
	4	Income from investment of tax-exem	pt bond pro	oceeds				
	5	Royalties		▶				
	_	·	Real	(II) Personal		<del> </del>		
	6a	Gross Rents		()				i
		Less rental						ŗ
	b	expenses Rental income						1
	ں ۔	or (loss)		<b>-</b>				-
	d	Net rental income or (loss) Gross amount from		1				
	7a	sales of assets (1) Sec	curities	(II) Other				İ
		other than inventory Less cost or other						
	b	basis and sales						}
		expenses						
		Gain or (loss)			<del></del>			
	d	Net gain or (loss)	_	<b>•</b>				<u> </u>
_	8a	Gross income from fundraising even	ts					
nue		(not including \$						
Ve		of contributions reported on line 1c)	1					
Re		See Part IV, line 18	a	8531.				
Other Revenue	b	Less: direct expenses	b	5818.				
ర	С	Net income or (loss) from fu	ındraısın	ig events	2713.			2713.
		Gross income from gaming			- '			
		activities. See Part IV, line	19 a	259734.				
	ь	Less direct expenses	ь	68233.				1
		Net income or (loss) from g	amıng a	ctivities	191501.	191501.		
		Gross sales of inventory, le	· ·				<del></del>	
		returns and allowances	a	271783.				† 1
	<b>h</b>	Less: cost of goods sold	Б	171410.				1
			~ ∟		100373.	100373.		
	C	Net income or (loss) from s			1003/3.	100373.		
		Miscellaneous Reven	ue	Business Code	<del></del> T			- <sub> </sub>
	11a							-
	b		<del></del>					
	С							
	d	All other revenue					_	
	е	Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total revenue		ſ				
		See instructions		<b>▶</b>	328440.	300879.		2713.

Form **990** (2010)

### Part IX Statement of Functional Expenses

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

	All other organizations must complete colu	umn (A) but are not rec	•	umns (B), (C) and (D).	
Do n	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	11654.	11654.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	1500.	1500.		
3	Grants and other assistance to governments,				1
	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	10581.		10581.	
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 salanes and wages	122626.	122626.		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	11385.	11385.		<u>.</u>
10	Payroll taxes	12299.	11173.	1126.	
11	Fees for services (non-employees)				
а	Management				
þ	Legal				
C	Accounting	1600.		1600.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	<u> </u>	<del></del>		
f	Investment management fees				
g	Other	205	205		
12	Advertising and promotion	385.	385.	2688	
13	Office expenses	3677.		3677.	
14	Information technology				
15	Royalties	F0611	50611		
16	Occupancy	50611.	50611.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	5853.	5853.		
19	Conferences, conventions, and meetings	5853.	5853.		<del>.</del>
20	Interest	10391.	10391.		
21	Payments to affiliates	3195.	3195.		
22	Depreciation, depletion, and amortization	2504.	3173.	2504.	
23	Insurance Other expenses. Itemize expenses not covered	2504.		2304.	
24	·				
	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.) SEE STMT	926.			
a	DEB DIFFI	301.		<del></del>	
b		460.			
c		-236.			
ď		1385.			
e •	All other expenses	33861.	·	-	
7 25	·	284958.	263783.	21175.	
25 26	Total functional expenses. Add lines 1 through 24f  Joint costs. Check here ▶ I if following	204730.	203703.	211/30	
20	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				
	randraising solicitation				E 000 (0040)

Pai	πX	Balance Sheet					
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			74135.	1	235880.
	2	Savings and temporary cash investments			332228.	2	214602.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, die	rectors	, trustees, key			
	1	employees, and highest compensated employee	es. Cor	nplete Part II of Sch. L		5	
	6	Receivables from other disqualified persons (as defined under s described in section 4958(c)(3)(B) and contributing employers a of section 501(c)(9) voluntary employees' beneficiary organization.	nd spons	sonng organizations		6	
ţ	7	Notes and loans receivable, net	·		7		
Assets	8	Inventories for sale or use				8	
Ÿ	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment cost or other			<del></del>		•
		basis. Complete Part VI of Schedule D	10a	749459.			
	b	Less: accumulated depreciation	10b	732123.	18607.	10c	17336.
	11	Investments - publicly traded secunties		11			
	12	Investments - other securities See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal	424970.	16	467818		
	17	Accounts payable and accrued expenses	4704.	17	2681		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	s, trust	ees, key			
jabi		employees, highest compensated employees, a	nd disc	qualified		1	
	ŀ	persons. Complete Part II of Schedule L				22	<u> </u>
	23	Secured mortgages and notes payable to unrela	ted the	rd parties		23	
	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			4704.	26	2681.
		Organizations that follow SFAS 117, check h		∐ and			
98		complete lines 27 through 29, and lines 33 ar	nd 34.	}		· · · · · · · ·	
auc	27	Unrestricted net assets				27	
Bal	28	Temporarily restricted net assets				28	
P	29	Permanently restricted net assets				29	
교		Organizations that do not follow SFAS 117, or	heck l	nere▶ 🔀			
ō		and complete lines 30 through 34.			·		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed		t t		31	
Ę.	32	Retained earnings, endowment, accumulated in	come,	or other funds	420266.	32	465137.
Z	33	Total net assets or fund balances		ļ	420266.	33	465137.
	34	Total liabilities and net assets/fund balances			424970.	34	467818.

Form **990** (2010)

Form 9	90 (2010) FRATERNAL ORDER OF EAGLES	<u>52-</u>	<u>0575</u>	749	Pag	<u>e 12</u>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					Ш
1	Total revenue (must equal Part VIII, ∞lumn (A), line 12)	1	1		284	
2	Total expenses (must equal Part IX, column (A), line 25)	1	2		849	
3	Revenue less expenses Subtract line 2 from line 1		3		<u>434</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	4	202	<u>66.</u>
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,					
	∞lumn (B))	ŀ	6	4	637	48.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					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					1
	Schedule O.			L		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	ļ	X
b	Were the organization's financial statements audited by an independent accountant?			2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of the				
	audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	<b> </b>	
	If the organization changed either its oversight process or selected process during the tax year, explain in					
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were					!
	issued on a separate basis, consolidated basis, or both					1
	Separate basis Consolidated basis Both consolidated and separate 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?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		
				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

2010

Open to Public Inspection

Name of the organization

FRATERNAL ORDER OF EAGLES

Employer identification number 52 - 0575749

Schedule D (Form 990) 2010

P	art I Organizations Maintaining Donor Ad	vised Funds or Other	r Similar Fund	s or Accounts	S.		
	Complete if the organization answered "Yes" to						
		(a) Donor advised	funds	(b) Funds and	other ac	count	 s
1	Total number at end of year					-	
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year				-		
5	Did the organization inform all donors and donor advisors	s in writing that the assets he	eld in donor advise	ed funds			
6	are the organization's property, subject to the organization Did the organization inform all grantees, donors, and don for chantable purposes and not for the benefit of the donorm impermissible private benefit?	n's exclusive legal control? for advisors in writing that gr	ant funds may be	used only	Yes	X X	No No
P:	art II Conservation Easements. Complete if	the organization answered '	'Ves" to Form 990	Part IV line 7	163	44	NO
1	Purpose(s) of conservation easements held by the organ			o, raitiv, line /			
•	Preservation of land for public use (e.g., recreation of			of an historically in	nnortant	land (	7500
	Protection of natural habitat	r education)	_	of certified historic			aica
	Preservation of open space		Freservation	or certified historic	Structure	3	
2		ualified componiation contab		.f		41_	_
_	Complete lines 2a through 2d if the organization held a q last day of the tax year	uailleu conservation contrib	duon in the form o	n a conservation e	asemeni	On th	е
	last day of the tax year			Held at th	o End o	f tha	Tay Va
,	Total number of conservation easements			2a	e Ena o	ı une	iax II.
				2b			
	Total acreage restricted by conservation easements	otalatura included in (a)		2c			
	Number of conservation easements on a certified historic	` '	a biotomo	20			
·	Number of conservation easements included in (c) acquire	red after 6/17/06, and not on	i a nistoric	24			
•	structure listed in the National Register		A	[2d]	_		
3	Number of conservation easements modified, transferred	i, reieased, extinguisned, or	terminated by the	organization dufin	g		
_	the tax year						
4	Number of states where property subject to conservation						
5	Does the organization have a written policy regarding the	·	tion, nandling of vi	iolations,	7	₩	N.
•	and enforcement of the conservation easements it holds?				Yes		No
7	Staff and volunteer hours devoted to monitoring, inspecting						
8	Amount of expenses incurred in monitoring, inspecting, a	•	_	· —			
0	Does each conservation easement reported on line 2(d) and continue 170(b)(4)(P)(i)(2)	above satisty the requiremen	its of section 170(	п)(4)(Б)(I) Г	7 ٧	П	N-
۸	and section 170(h)(4)(B)(ii)?				Yes	_ ∐ <b>1</b>	No
9	In Part XIV, describe how the organization reports conservations of applicable, the text of the features to the agree		•				ina
	include, if applicable, the text of the footnote to the organ conservation easements.	ization's financial statement	s mai describes in	ie organization's a	ccounting	g for	
D٠	Int III Organizations Maintaining Collection	as of Art Historical To	roseuroe or C	thor Similar /	ecote		
ı c	Complete if the organization answered "Yes" to	•	reasures, or C	Allier Sillillar F	133613.		
1 .	a If the organization elected, as permitted under SFAS 116		etatament and ha	lanca chaot works	of ort. bu	store	
٠,	treasures, or other similar assets held for public exhibition	*					
	text of the footnote to its financial statements that describ		iditileiance of pub	aic service, provide	i, iii rait	ΛIV, I	u ie
	text of the loothole to its illiandal statements that describ	es these items					
1	o If the organization elected, as permitted under SFAS 116	to report in its revenue stat	tomont and balance	o choot works of a	et bistor	and te	••
	sures, or other similar assets held for public exhibition, ed	rucation, of research in fulfin	icianice of public s	eivice, provide (ne	IOHOWIN	y amo	ounts
	relating to these items.			▶ ¢			
	(i) Revenues included in Form 990, Part VIII, line 1			<b>~</b> *			
^	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$	C-11-		
2	If the organization received or held works of art, historical		assets for financial	gain, provide the	rollowing	amo	unts
	required to be reported under SFAS 116 relating to these	items					
	a Revenues included in Form 990, Part VIII, line 1			<b>5 5 -</b>			
	Assets included in Form 990, Part X			▶ \$			

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Pa			ining Collections of A	rt, Historical Treasu	ıres, or Other Simil	ar Assets
3		nued) ation's acquisition, acc	ession, and other records, che	eck any of the following th	at are a significant use of	ts collection items
•	(check all that ap	•	ession, and other records, and	ok any or the following th	at are a significant ase of	no concouch nome
а	Public exhibit	• •		d Loan or exchang	ne nrograms	
b	Scholarly res			e Other	ge programs	
C	<b>⊢</b> ′	for future generations		e 🗆 Other		<del></del>
4	—	=	's collections and explain how	they further the organiza	tion's exempt numose in	Part YI\/
5		=	cut or receive donations of art,	· · ·		
•	• •	<del>-</del>	ed as part of the organization's		iller sillillar assets to be s	Yes No
Pa			I Arrangements. Com		nswered "Yes" to Form 9	
. u			orm 990, Part X, line 21.	piete ii tile organization a	nswered tes to tolling	,500, 1 dit 14, line 5,
1a			stodian or other intermediary for	or contributions or other a	assets not included	
-	on Form 990, Pa	<del>-</del>	• • • • • • • • • • • • • • • • • • •			☐ Yes ☐ No
ь	· ·		XIV and complete the following	ng table		
-			, , , , , , , , , , , , , , , , , , ,	.9		Amount
c	Beginning balance	e			1c	
	Additions during				1d	•
	Distributions duri				1e	······································
	Ending balance	.5 ,			1f	
	-	on include an amount o	on Form 990, Part X, line 21?		[]	Yes X No
		ne arrangement in Part				
			Complete if the organization a	answered "Yes" to Form	990, Part IV, line 10.	
		(a) Current ye		(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year	_ · · ·		, , , ,		_`
	balance					
ь	Contributions				†	
	Net investment e	arn-				<del></del>
•	ings, gains, and I					
d	Grants or scholarships				<u> </u>	
	Other expenditure	99				
•	for facilities and					
	programs					
f	Administrative					
•	expenses					
~	End of year balar	ce			-	
2	•		year end balance held as:	1		· · · · · · · · · · · · · · · · · · ·
		or quasi-endowment				
h		vment ▶ 0.00	<del>"</del> "			
	Term endowmen		<del></del>			
			'° ossession of the organization t	hat are held and adminis	tered for the organization	by Yes No
Ja	(i) unrelated org		substitution of the organization (			3a(i)
	(ii) related organ					3a(ii)
ь			ations listed as required on Scl	hedule R?		3b
4	• • •	_	of the organization's endowme			00
		d, Buildings, and	-	990, Part X, line 10.		
لنكم		on of investment	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
	Description	in or investment	basis (investment)	basis (other)	Depreciation	(a) Dook value
10	Land		Dasis (investment)	Dasis (Otrici)	Dopresauon	·
	Buildings		630,000.	<del>                                     </del>	630,000.	<del></del>
	Leasehold improv	emente	530,000.	_	030,000.	<del></del>
	_	cincilo	119,460.	_	102,124.	17,336.
	Equipment Other		117,400.		102,124.	1,,550.
		ugh 1e (Column (d) m	ust equal Form 990, Part X, α	olumn (R) line 10(a) \		17,336.
Julia	. Aug illes la tille	aga se (Column (a) mi	usi equal i Ollii 990, Fall A, Q	manin (D), into 10(C) )		<i></i>

	dule D (Form 990) 2010 FRATERNAL ORDER OF EAGLES			5/5/49	Page 4
	Reconciliation of Change in Net Assets from Form 990	to Audited Fin	-		0 440
1	Total revenue (Form 990, Part VIII, ∞lumn (A), line 12)	•	1		28,440.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		34,958.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	4	3,482.
4	Net unrealized gains (losses) on investments		4		<del></del>
5	Donated services and use of facilities		5		
6	Investment expenses		6		<del></del>
7	Prior period adjustments		7		
8 9	Other (Describe in Part XIV )		9		
9 10	Total adjustments (net). Add lines 4 through 8  Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		3,482.
	rt XII Reconciliation of Revenue per Audited Financial State				3,402.
1	Total revenue, gains, and other support per audited financial statements	THE THE TANK	chac pe	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			<i>28</i>	
a	Net unrealized gains on investments	2a		1 in .	
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d		2-4	
e	Add lines 2a through 2d	[		2e	
3	Subtract line 2e from line 1			3	
4	Amounts 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>!</b> •	
b	Other (Describe in Part XIV )	4b		<b>.</b>	
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c (This must equal Form 990, Part I, line 12.)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stat	tements With Ex	penses	per Return	1
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:			क्√ प्र <del>व</del>	
а	Donated services and use of facilities	2a		*	
b	Pnor year adjustments	2b		2:. 12:.	
С	Other losses	2c		<b>[</b> ]	
d	Other (Describe in Part XIV)	2d		<u>.</u>	
е	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1			3	
4	Amounts 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			
b	Other (Describe in Part XIV )	4b			
Ç	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,				
Part	X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also	complete this part to	provide an	y additional in	formation.
	<del></del>				
	<del></del>	<del></del>			
	· ·	<del></del>			- <del>-</del>
		<del> </del>		-	

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047 2010

Open to Public Inspection

Name of the organization FRATERNAL ORDER OF E	AGLES						identification number 575749
Part 1 Fundraising Activities. C	-	-		ered ``Yes" to Form 990	, Part IV, line	e 17	
Form 990-EZ filers are no  Indicate whether the organization  Mail solicitations  Internet and email solicitations  Phone solicitations  In-person solicitations  Did the organization have a writter	raised funds thro	e f g	of the fo Solicita Solicita Specia	ation of non-governmen ation of government gra al fundraising events	t grants nts		
Form 990, Part VII) or entity in cor  b If "Yes," list the ten highest paid in at least \$5,000 by the organization	dividuals or entit			-	s under which	the fundrais	Yes X No ser is to be compensated
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custo	d fund- r have ody or rol of utions?	(iv) Gross receipts from activity	1	t paid to (or ) fundraiser col. (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No				
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			•				
3 List all states in which the organization	n is registered or	licensed	to solici	t contributions or has be	een notified it	is exempt fr	om registration or licensir
		-	•			·	
	· · · · · · · · · · · · · · · · · · ·	-					
						<u>-</u>	

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income of the fundraising event events and gross income of the fundraising event events and gross income of the fundraising event events event events and gross income of the fundraising event events event 
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	∞l. <b>(c)</b> )
Revenue		0				
Se	1	Gross receipts Less Chantable				<u> </u>
_	_	contributions .				
	3	Gross income (line 1				
$\dashv$		minus line 2)				
	4	Cash prizes				
	_					
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary	y. Add lines 4 through 9 in colu		<b>•</b>	
D.	11 rt II		ombine line 3, column (d), and	l line 10 ed ``Yes" to Form 990, Part IV, I	<b>▶</b>	- \$45,000 on Form 000 F3
Га		line 6a	ete ii the organization answere	ed Tes to Folm 990, Fattiv, i	me 19, or reported more tha	III \$ 15,000 OII FOIIII 990-E2
e e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c))
	1	Gross revenue		259,734.		259,734.
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility ∞sts				
	5	Other direct expenses		68,233.		68,233.
		·	Yes0.0%	Yes 0.0%	Yes 0.0%	
	6	Volunteer labor	No	X No	No	68,233.
	7 8		y. Add lines 2 through 5 in colu mary. Combine line 1, column		<b>▶</b>	191,501.
				-,		
9			ie organization operates gamir	·		W. II.
		No," Explain:	to operate gaming activities in	each of these states?		X Yes No
		ere any of the organization Yes," Explain	n's gaming licenses revoked, s	uspended or terminated during t	the tax year?	Yes X No
						rm 990 or 990-FZ) 2010

sche	dule G (Form 990 or 990-EZ) 2010 FRATERNAL ORDER OF EAGLES	52-05757	749	Pag	e 3
11	Does the organization operate gaming activities with nonmembers?		Ye	s 🛚 I	No.
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	to	_	_	
	administer charitable gaming?		∐ Ye	s 🛛 I	do
	Indicate the percentage of gaming activity operated in		_		
	The organization's facility	13a		.00	
	An outside facility	13b		.00	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and re-	cords.			
	Name ▶				
	Address▶				
b	Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization   and of gaming revenue retained by the third party	the amount	□ Y	es X	No
С	If "Yes," enter name and address of the third party:				
	Name ▶			_	
	Address ▶				
16	Gaming manager information:				
	Name ▶		_		
	Gaming manager compensation ▶ \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain	the state	Π.,	₩	۱.,
	gaming license?	nt in the	<b>□</b> •	es X	NO
D	<ul> <li>Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe</li> <li>organization's own exempt activities during the tax year ►\$</li> </ul>	it in the			
Pai	t IV Supplemental Information.Complete this part to provide the explanations required by Part I, line 2b,	columns (m) an	d (v).		_
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide a			tion	
	(see instructions).				
					_
					_
					_
		<del></del>			_
					_
					_
	· · · · · · · · · · · · · · · · · · ·				_
		<del></del>			_
_					_
					_
_	Schedule G	(Form 990 or	990-E	Z) 2010	<del>-</del>

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047 2010

Open to Public Inspection

FRATERNAL ORDER OF EAGLES Name of the organization

General Information on Grants and Assistance

Part I

used to award the grants or assistance?

Employer identification number 52-0575749 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria

**≗** □

|X| |X|

		[	<b>⊠</b>	(h) Purpose of grant	or assistance							
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ation answered "Yes" to	==		(g) Description of	non-cash assistance							•
	Complete if the organi	ed more than \$5,000. P		(f) Method of valuation	(book, FMV, appraisal, non-cash assistance	other)						
	and Organizations in the United States. Complete if the organization answered "Yes" to	if no one recipient receive		(d) Amount of cash (e) Amount of non-cash (f) Method of valuation	assistance							
	Organizations in t	\$5,000. Check this box		(d) Amount of cash	grant							
	overnments and (	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	pape	(c) IRC	section	if applicable						
	Assistance to		1, for any recipient the	ditional space is nee	(p) EIN							
	Part II Grants and Other Assistance to Governments	Form 990, Part IV, line	Form 990, Part IV, line 21, for any recipient that can be duplicated if additional space is needed	1 (a) Name and address of	organization or government		(1)	(2)	(3)	(4)	(5)	

(9)

6

⊛

(6)

(10)

(12)

Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations
For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

#### Form **4562**

Department of the Treasury Internal Revenue Service (99

# **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

operty)

OMB No 1545-0172 **2010** 

Attachment Sequence No 67

Name(s) shown on	return		
FRATERNAL	ORDER	OF	EAGLES

Business or activity to which this form relates

Identifying number

LL	CALERNAL ORDER OF	, FAGTES	Стовнооз	) E				52-05/5/49
P	art I Election To Expense	Certain Proper	ty Under Section 179					
	Note: If you have any	y listed property,	complete Part V before	you complete Pa	rt I.			
1	Maximum amount (See instructi	ons)					1	500,000.
2	Total cost of section 179 proper	ty placed in servi	ce (see instructions)				2	
3	Threshold cost of section 179 pa	roperty before red	duction in limitation (see	instructions) .			3	2,000,000.
4	Reduction in limitation Subtract	t line 3 from line	2 If zero or less, enter	-0-			4	
5	Dollar limitation for tax year. Su	ibtract line 4 from	line 1 If zero or less, e	enter -0 If marri	ed			
	filing separately, see instruction	s	.,				5	
6	(a) Description of pro	perty	(b) Cost (bus	iness use only)	(c) Ele	cted cost		
7	Listed property. Enter the amou	ınt from line 29		L	7		,	
8	Total elected cost of section 179	9 property. Add a	amounts in column (c), li	nes 6 and 7			8	
9	Tentative deduction. Enter the	smaller of line 5	or line 8				9	
10	Carryover of disallowed deduction	on from line 13 of	f your 2009 Form 4562				10	
11	Business income limitation Ent	ter the smaller of	business income (not le	ss than zero) or	lıne 5 (see ıns	tructions)	11	
12	Section 179 expense deduction	Add lines 9 and	I 10, but do not enter mo	ore than line 11_			12	
<u>13</u>	Carryover of disallowed deduction	on to 2011 Add	lines 9 and 10, less line	12 🕨 1	3			
_	te: Do not use Part II or Part III t	pelow for listed pa	roperty. Instead, use Pa	ırt V				
Pa	Special Depreciation	Allowance and	Other Depreciation (D	o not include list	ted property.)	(See instru	ıctio	ns)
14	Special depreciation allowance	for qualified prop	erty (other than listed pr	operty) placed in	service			
	during the tax year (see instruct		14					
15	Property subject to section 168(	f)(1) election					15	
_	Other depreciation (including AC	CRS)					16	
Pa	MACRS Depreciation	n (Do not include	listed property.) (See in	structions)				
			Section /	<u> </u>				<del>, · · · · · · · · · · · · · · · · · · ·</del>
17	MACRS deductions for assets p	laced in service i	n tax years beginning bi	efore 2010			17	2,920.
18	If you are electing to group any	•	•	ear				
	into one or more general asset	accounts, check I	nere		<u> </u>	<b>&gt;</b>		
	Section B-Ass		ervice During 2010 Tax		General De	reciation	Sys	tem
_(	a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
c	7-year property		1,924.	7	HY	200 D	B	275.
d	I 10-year property					<u> </u>		
e	15-year property					<u> </u>		
f	20-year property							
g	25-year property			25 yrs		S/L		
h	Residential rental			27 5 yrs.	MM	S/L		
	property	<u> </u>		27 5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				ММ	S/L		
	Section C-Asse	ts Placed in Sei	rvice During 2010 Tax	Year Using the	Alternative D	epreciatio	n Sy	/stem
20a	Class life					S/L		
b	12-year			12 yrs.		\$/L		
C	: 40-year			40 yrs.	MM	S/L		
	art IV Summary (See instru	ctions)		-				
21	Listed property Enter amoun						21	-
22	Total. Add amounts from line		ugh 17, lines 19 and 20	ın column (g), ar	nd line 21.			
	Enter here and on the approp		-	,		ions	22	3,195.
23	For assets shown above and	placed in service	during the current year,	enter the				
	portion of the basis attributabl	e to section 263A	\ costs		23			

#### Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

<ul><li>If you ar</li></ul>	re filing for an Automatic 3-Month Extension, com	plete only	Part I and check this box			▶ X
<ul><li>If you ar</li></ul>	re filing for an Additional (Not Automatic) 3-Month	n Extension	, complete only Part II (on page 2 of this for	orm)		
Do not com	nplete Part II unless you have already been granted	d an automa	tic 3-month extension on a previously filed	Form 8868		
Electronic f	filing (e-file). You can electronically file Form 8868	If you need	a 3-month automatic extension of time to fil	e (6 months	for a corp	ooration
required to f	file Form 990-T), or an additional (not automatic) 3-r	month exten	sion of time. You can electronically file For	n 8868 to re	equest an	extension
of time to file	e any of the forms listed in Part I or Part II with the $\epsilon$	exception of	Form 8870, Information Return for Transfe	rs Associate	ed With Ce	ertain
Personal Be	enefit Contracts, which must be sent to the IRS in pa	aper format (	(see instructions) For more details on the e	lectronic fili	ng of this	
form, visit w	ww irs.gov/efile and click on e-file for Charities & No	onprofits.				
Part I	Automatic 3-Month Extension of Tim		submit onginal (no copies needed)			
A corporatio	on required to file Form 990-T and requesting an aut	tomatic 6-mo	onth extension - check this box and comple	te Part I onl	у	▶∐
All other cor	porations (including 1120-C filers), partnerships, RE	EMICs, and	trusts must use Form 7004 to request an ex	ctension of t	me	
to file incom	e tax returns.					
Type or	Name of exempt organization					ion number
print File bushe	FRATERNAL ORDER OF EAGL	ES		<u>52-057</u>	5749	
File by the due date for filing your	Number, street, and room or suite no If a P.O b PO BOX 5217	ox, see inst	ructions.			
return See instructions	City, town or post office, state, and ZIP code. Fo	r a foreign a	ddress, see instructions	_		
	CUMBERLAND MD 21505-512	7				
	<u> </u>					
Enter the Re	eturn code for the return that this application is for (f	file a separa	te application for each return)			01
Application	1	Return	Application			Return
ls For		Code	ls For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990-B	L	02	Form 1041-A			08
Form 990-E	Z	03	Form 4720			09
Form 990-P	F	04	Form 5227			10
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870	-		12
	oks are in the care of ▶ HARRY GROVE					
Telepho	one No ▶ 301-759-2683 FA	AX No. ▶				_
<ul><li>If the org</li></ul>	ganization does not have an office or place of busin	ess in the U	nited States, check this box			▶ 📗
<ul><li>If this is</li></ul>	for a Group Return, enter the organization's four dig	git Group Ex	temption Number (GEN) If t	this is for the	e whole gr	oup,
check this be	ox ▶ . If it is for part of the group, check this bo	x ▶ 🗌 an	d attach a list with the names and EINs of a	all members	the exten	sion is for
	<del>_</del>	_				
1 I reques	st an automatic 3-month (6 months for a corporation					
	JAN 15 , 20 12 , to file the	exempt orga	inization return for the organization named	above The	extension	n is for the
organiza	ation's return for					
<b>▶</b> [] ⟨	calendar year 20 or					
<b>▶</b> 🛛 t	tax year beginning JUN 0	1 ,20 10	, and ending	MAY	31,2	0 11
2 If the tax	x year entered in line 1 is for less than 12 months, o	check reasor	n Initial return Final return			
Cha	inge in accounting period					
3a If this ap	oplication is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, en	ter the tentative tax, less any nonrefundable	e		
credits	See instructions.			3a	\$	
b If this ap	oplication is for Form 990-PF or 990-T, 4720, or 606	69, enter any	refundable credits and estimated tax payn	nents		
made. Ir	nclude any pnor year overpayment allowed as a cre	edit		3b	\$	
c Balance	e due. Subtract line 3b from line 3a Include your p	ayment with	this form, if required,			
by using	EFTPS (Electronic Federal Tax Payment System)	See instruc	tions.	3с	\$	
Caution If	you are going to make an electronic fund withdrawa	l with this E	om 8868 see Form 8453 EO and Form 99	79.FO for a	avment :=	etructions
vaudon. 11 )	you are going to make an electronic fully withdrawa	with till C	ann cooc, ace i dilli 0403-20 dilu FUIII 00	. J-LO IOI P	ayment in	อน <b>น</b> เปปป15

Form 8868 (	(Rev. 1-2011)						Page 2
If you ar	re filing for an Additional (Not Automatic) 3-Mont	h Extensior	, complete only Part II and check this box				<b>▶</b> X
Note. Only	complete Part II if you have already been granted a	n automatic	3-month extension on a previously filed Fo	rm 8868.			
	re filing for an Automatic 3-Month Extension, con						
Part II	Additional (Not Automatic) 3-Month	<u>Extensior</u>	of Time. Only file the onginal (no co	pies nee	ded	)	
Type or	Name of exempt organization						n number
print	FRATERNAL ORDER OF EAGLE	S		52-05	<u> 57</u> !	5749_	
File by the extended	Number, street, and room or suite no. If a P O.	oox, see inst	ructions				
due date for	PO BOX 5217						
filing your return See	City, town or post office, state, and ZIP code Fo		address, see instructions				
instructions	CUMBERLAND MD 21505-5127						
Enter the Re	eturn code for the return that this application is for (	file a separa	te application for each return):				0 1
Application	Application Return Application						
Is For		Code	Is For				Code
Form 990		01				•	
Form 990-B	L	02	Form 1041-A				08
Form 990-E	Z	03	Form 4720				09
Form 990-P	F	04	Form 5227				10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
	(trust other than above)	06	Form 8870				12
STOP! Do r	not complete Part II if you were not already gran	ted an auto	matic 3-month extension on a previousl	y filed Fo	orm	8868.	
The box	oks are in the care of ▶ HARRY GROVE						
Telepho	one No ▶ 301-759-2683 F	AX No.▶		•			
If the or	ganization does not have an office or place of busir	ness in the U	Inited States, check this box	-			▶ □
• If this is	for a Group Return, enter the organization's four de	git Group Ex	kemption Number (GEN)	If this	ıs fc	or the whole	e group,
check this b	ox ▶ ☐ If it is for part of the group, check this bo	ox ▶ 🗍 aı	nd attach a list with the names and EINs of	ali memb	ers	the extens	sion is for
4 I reques	st an additional 3-month extension of time until	•	APR 15 ,20	12			
5 For cale	endar year , or other tax year beginning	J	UN 01,20 10 , and ending	MZ	ĀΥ	31, 20	11
6 If the ta	x year entered in line 5 is for less than 12 months,	check reaso	n Initial return Final return				
Cha	ange in accounting period						
7 State in	detail why you need the extension ALL INF	'ROMATI	ON HAS NOT BEEN				
COL	LECTED TO COMPLETE AN ACC	URATE	TAX RETURN	_			
8a If this ap	oplication is for Form 990-BL, 990-PF, 990-T, 4720	, or 6069, er	ter the tentative tax, less any nonrefundable	le			
credits	See instructions				8a	\$	
b If this a	oplication is for Form 990-PF, 990-T, 4720, or 6069	, enter any r	efundable credits and estimated tax payme	ents			
made I	nclude any prior year overpayment allowed as a cre	edit and any	amount paid previously with Form 8868		8b	\$	
c Balance	e due. Subtract line 8b from line 8a Include your	payment with	n this form, if required,				
by using	g EFTPS (Electronic Federal Tax Payment System)	. See ınstru	ctions		8c	\$	
	Signa	ature and	Verification	•			
Under pena	Ities of perjury, I declare that I have examined this f	form, ıncludı	ng accompanying schedules and statement	ts, and to	the	best of my	knowledge
and belief, if	t is true, correct, and complete, and that I am autho	nzed to prep	pare this form			•	•
Signature ▶		Title	• ▶TREASURER	Date	<u>•0</u>	8/12/2	2011
				F	orn	n <b>8868</b> (Re	v 1-2011)