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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

A For the 2010 calendar year, or tax year beginning **JUNE 1**, 2010, and ending **MAY 31**, 20 **11**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization **FRATERNAL ORDER OF EAGLES 2329**
 Doing Business As **61-0366886**
 Number and street (or P.O. box if mail is not delivered to street address) **701 CARTER AVENUE**
 Room/suite
 City or town, state or country, and ZIP + 4 **ASHLAND, KY 41101**

D Employer identification number **61-366886**

E Telephone number **606-324-7644**

G Gross receipts \$ **582,214**

F Name and address of principal officer: **BILL HALE**
532 GREENUP AVENUE, RACELAND, KY 41169

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☒ No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶ **0102**

I Tax-exempt status. ☐ 501(c)(3) ☒ 501(c) **278** (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **M** State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
LODGE OPERATING UNDER FRATERNAL PROGRAMS

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VII, line 1a) **3** **14**

4 Number of independent voting members of the governing body (Part VII, line 1b) **4** **903**

5 Total number of individuals employed in calendar year 2010 (Part VII, line 2a) **5** **14**

6 Total number of volunteers (estimate if necessary) **6** **20**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0**

b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		
9 Program service revenue (Part VIII, line 2g)	25,881	24,103
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	378,371	348,824
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	404,262	372,297
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,173	7,860
14 Benefits paid to or for members (Part IX, column (A), line 4)	2,394	2,931
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	181,384	167,890
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	262,860	245,772
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	457,811	424,453
19 Revenue less expenses. Subtract line 18 from line 12	-53,549	-51,526
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	850,975	793,482
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	850,975	793,482

Part II Signature Block

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

Sign Here

Signature of officer **Bill Hale** **President** Date **9-7-11**

Type or print name and title **Bill Hale**

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

Form **990** (2010)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

LODGE OPERATING UNDER FRATERNAL PROGRAMS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☐ 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? ☐ Yes ☐ 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 \$ including grants of \$) (Revenue \$)**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)**4e** Total program service expenses ►

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	✓
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	✓
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	✓
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	✓
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	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
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	✓
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	✓
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 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 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓
c 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	✓
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	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
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	✓
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓
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	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	✓
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, Parts II and IV	15	✓
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, Parts III and IV	16	✓
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	✓
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	✓
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	✓
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	✓

Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	✓
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 ✓	
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? <i>If "Yes," complete Schedule J</i>	23	✓
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
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	✓
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
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? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
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 "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	✓
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	✓
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
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	✓

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	19			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	14			
b	If 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. (see instructions)	2b		✓		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			✓	
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			✓	
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			✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
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			✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			✓	
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			✓	
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			✓	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			✓	
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	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.	13a				
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	13b				
c	Enter the amount of reserves on hand	13c				
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				

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

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

Section 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 1a 14		
b Enter the number of voting members included in line 1a, above, who are independent 1b 903		
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		✓
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		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		✓
6 Does the organization have members or stockholders? 6	✓	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a	✓	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	✓	
b Each committee with authority to act on behalf of the governing body? 8b	✓	
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		✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates? 10a		✓
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		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a		✓
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a		✓
12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a		✓
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b		
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		
13 Does the organization have a written whistleblower policy? 13		✓
14 Does the organization have a written document retention and destruction policy? 14		✓
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?		
a The organization's CEO, Executive Director, or top management official 15a		✓
b Other officers or key employees of the organization 15b		✓
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		✓
b 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		

Section 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 Forms 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► EUGENE UNRUE, SECRETARY 701 CARTER AVENUE, ASHLAND, KY 606-324-7644

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Bill Hale President	10			✓						1,200
(2) Roger Long Vice President	10			✓						800
(3) Eugene Unrue Secretary	30			✓						1,800
(4) Jerry Bocook Treasurer	20			✓						1,200
(5) Doug Stevens Trustee	15			✓						1,200
(6) Keith Nichols Trustee	15			✓						1,200
(7) Mark Howard Trustee	15			✓						1,200
(8) Alan Hunt Trustee	15			✓						1,200
(9) Paul Griffiths Trustee	15			✓						1,200
(10) Ron Brown Inside Guard	5			✓						780
(11) Mike Wurts Chaplin	10			✓						780
(12) Jim Crites Conductor	5			✓						780
(13) John Loudenback Past President	5			✓						780
(14) Pam Laney Auditor	20			✓						6,400
(15) Jerry Bocook Secretary's Assistant	10			✓						1,643
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

- | | Yes | No |
|---|----------|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 3 | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

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 ►

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	24,103			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f ▶		24,103			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue .					
	g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶					
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities. See Part IV, line 19	a	234,853			
	b	Less: direct expenses	b	30,901			
	c	Net income or (loss) from gaming activities . . ▶		203,952			
	10a	Gross sales of inventory, less returns and allowances	a	323,258			
	b	Less: cost of goods sold	b	178,386			
c	Net income or (loss) from sales of inventory . . ▶		144,872				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See instructions. ▶			348,824			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and 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		7,860		
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		2,931		
5	Compensation of current officers, directors, trustees, and key employees			22,233	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			145,657	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	606			
13	Office expenses				
14	Information technology	6,054			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,502			
20	Interest				
21	Payments to affiliates		10,408		
22	Depreciation, depletion, and amortization				
23	Insurance	19,003			
24	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	BANDS	46,900			
b	BUSINESS EXPENSE	32,098			
c	FACILITIES/MAINTENANCE	47,713			
d	SUPPLIES	56,030			
e	OPERATIONS	2,857			
f	All other expenses MISC	21,857			
25	Total functional expenses. Add lines 1 through 24f	235,364	21,199	167,890	
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	50,388	1	27,893
	2 Savings and temporary cash investments	174,587	2	149,977
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		
		610,000	10c	610,000
	11 Investments—publicly traded securities	850,975	11	793,482
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		16		
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		26	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	850,975	33	793,482
34 Total liabilities and net assets/fund balances		34		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	348,824
2	Total expenses (must equal Part IX, column (A), line 25)	2	235,364
3	Revenue less expenses. Subtract line 2 from line 1	3	113,460
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	850,975
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	793,482

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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?		✓
b Were the organization's financial statements audited by an independent accountant?		✓
c 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? If the organization changed either its oversight process or selection 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 for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		✓
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		✓

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

FRATERNAL ORDER OF EAGLES 2329

61-0366886

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				()
11 Net income summary. Combine line 3, column (d), and line 10 ▶					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue		234,853		234,853
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses		30,901		30,901
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(30,901)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				203,952

9 Enter the state(s) in which the organization operates gaming activities: KY

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ 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? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|-------|
| a The organization's facility | 13a | 100 % |
| b An outside facility | 13b | 0 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ PAMELA LANEYAddress ▶ 701 CARTER AVENUE, ASHLAND, KY 41101

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:Name ▶ BILL HALEGaming manager compensation ▶ \$ 0Description of services provided ▶ HEAD CHAIRPERSON☒ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____ 40%

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

IN THE FISCAL YEAR 2010 THE \$234,853 IS THE GROSS AMOUNT MADE FROM THE PULLTAB SALES AT THE BAR OF THE FACILITY THE DIRECT EXPENSE OF \$30,901 WAS SPENT TO PURCHASE THE PULLTABS. WHICH GAVE US A NET INCOME OF \$203,952 KENTUCKY LAW REQUIRES THAT A MINIMUM OF 40% BE DISTRIBUTED EITHER TO OTHER 501C3 ORGANIZATIONS OR TO THE ORGANIZATIONS OWN EXEMPT ACTIVITIES. NO ONE IS COMPENSATED FOR SALE OF THESE PULLTABS.

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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

FRATERNAL ORDER OF EAGLES 2329

Employer identification number

60-0366886

INCOME

BAR SALES(DRINKS/FOOD) 322,780.00

MISC REVENUE 478.00

MEMBERSHIP DUES 24,103.00

GAMING 234,853.00

TOTAL GROSS INCOME 582,214.00

LESS COGS 209,287.00

GROSS PROFIT 379,927.00

PROGRAM EXPENSES

BENEFITS PAID TO MEMBERS 2,931.00

GRANTS 1,700.00

SPECIFIC ASSISTANCE 6,160.00

BUSINESS EXPENSES

BAD CHECKS 2,069.00

BUSINESS LICENSE FEES 1,241.00

FINES 88.00

TAXES(SALES) 14,929.00

TAXES (ALCOHOL) 7,789.00

TAXES(GAMING) 5,957.00

TOTAL 32,098.00

CONTRACT SERVICES(BANDS) 46,900.00

MAINTENANCE 12,061.00

JANITORIAL SERVICE 550.00

Name of the organization

Employer identification number

FRATERNAL ORDER OF EAGLES 2329

60-0366886

PROPERTY INSURANCE	2,995.00
REAL ESTATE& PERSONAL PROPERTY TAX	5,140.00
UTILITIES	29,962.00
SUBSCRIPTIONS	770.00
POSTAGE	944.00
PRINTING	886.00
SUPPLIES	
OFFICE	6,925.00
KITCHEN	20,657.00
BAR	24,314.00
CLEANING	4,133.00
TELEPHONE/TELECOMMUNICATIONS	6,054.00
ADVERTISING	606.00
INSURANCE(LIABILITY)	16,008.00
MEMBERSHIPS(REFUNDS & PAID)	654.00
PAYROLL EXPENSE	145,657.00
RECONCILIATION DECREPANCIES	50.00
CONFERENCE-CONVENTION	2,502.00
OFFICERS SALERIES	17,433.00
SALERY & WAGES OTHER	5,629.00
BOOKKEEPING	4,800.00
BANK CHARGES	5,644.00
MISC.	7,921.00
PAYMENTS TO AFFILIATES	10,408.00
TOTAL EXPENSES	414,451.00
NET INCOME	-51,523.00

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09/09/11

Accrual Basis

Fraternal Order of Eagles aerie 2329

Account QuickReport

June 2010 through May 2011

Type	Date	Num	Name	Memo	Split	Amount
60300 - Awards and Grants						
60340 - Specific Assist to Individuals						
Check	6/7/2010	25617	salvation army		1 General Fu..	100 00
Check	6/22/2010	25724	Rhonda Meadows		1 General Fu..	100 00
Check	6/22/2010	25725	foe Diebetic Founda .		1 General Fu..	100 00
Check	7/5/2010	25782			1 General Fu..	50 00
Check	7/5/2010	25784	MTSTCIL		1 General Fu..	25 00
Check	7/20/2010	25852		DAVID MULL .	1 General Fu..	50 00
Check	7/21/2010	25860		Bev Connely	1 General Fu..	100 00
Check	7/29/2010	25903	Ashland Communit		1 General Fu..	50.00
Check	8/3/2010	25932	Baseball Factory		1 General Fu..	25.00
Check	8/3/2010	25933	Sam Boyd		1 General Fu..	50 00
Check	8/3/2010	25936	Mike See		1 General Fu..	50 00
Check	8/16/2010	25992	Foundation for Suici ..		1 General Fu..	100 00
Check	8/20/2010	25997	William Potter		1 General Fu..	100 00
Check	11/1/2010	26415	John Stephens Art .		1 General Fu..	100 00
Check	11/3/2010	26420	Haley Gibson		1 General Fu..	50 00
Check	11/3/2010	26421	Charles Riley		1 General Fu..	50 00
Check	11/4/2010	26426	salvation army		1 General Fu..	50 00
Check	11/10/2010	26460	RCDA		1 General Fu..	520 00
Check	11/17/2010	26494	Project Merry Chrst .		1 General Fu..	50 00
Check	11/20/2010	26499	Eagles	thanksgiving	1 General Fu..	800 00
Check	11/22/2010	26528	John Hutchenson		1 General Fu..	25 00
Check	11/22/2010	26529	Richard Isaacs		1 General Fu..	25 00
Check	11/22/2010	26530	Ron Perry		1 General Fu..	25 00
Check	11/22/2010	26531	Paul Ward		1 General Fu..	25 00
Check	11/29/2010	26563	Darrel Sammons		1 General Fu..	25 00
Check	12/3/2010	26576	salvation army		1 General Fu..	50 00
Check	12/6/2010	26578	Greenup County Ch		1 General Fu..	150 00
Check	12/6/2010	26607	Needy Families Fund		1 General Fu..	100 00
Check	12/7/2010	26608		Brandy Sloan	1 General Fu..	100 00
Check	12/8/2010	26611	Mike Kazee		1 General Fu..	100 00
Check	12/20/2010	26692	salvation army		1 General Fu..	50 00
Check	12/20/2010	26695	Needy Families Fund		1 General Fu..	100 00
Check	12/27/2010	26701		Kyle shope d. .	1 General Fu..	100 00
Check	12/30/2010	26731		Rafe Cantrell	1 General Fu..	100 00
Check	1/4/2011	26760	Teresa long		1 General Fu..	100 00
Check	1/4/2011	26762		workman	1 General Fu..	100 00
Check	1/5/2011	26771	Mark Copley		1 General Fu..	100 00
Check	1/19/2011	26837	RCDA		1 General Fu..	525 00
Check	1/19/2011	26838	Paul Grffits		1 General Fu..	100 00
Check	1/27/2011	26884			1 General Fu..	50 00
Check	2/1/2011	26908	Carter Waugh		1 General Fu..	50 00
Check	2/4/2011	26912	Community Kitchen		1 General Fu..	50 00
Check	2/8/2011	26940	salvation army		1 General Fu..	50 00
Check	2/14/2011	26968	Area Grants		1 General Fu..	25 00
Check	2/23/2011	27018	Ashland School Pat .		1 General Fu..	300 00
Check	3/7/2011	27078	boyd county Baseball		1 General Fu..	300 00
Check	3/9/2011	27085	salvation army		1 General Fu..	50 00
Check	3/14/2011	27114	Paul Wears		1 General Fu..	50.00
Check	3/21/2011	27149	Ashland Alliance		1 General Fu..	50 00
Check	3/21/2011	27150	Jess Box		1 General Fu..	50.00
Check	3/24/2011	27164	Dennis Workman		1 General Fu..	50.00
Check	3/24/2011	27165	RCDA		1 General Fu..	100.00
Check	3/30/2011	27202	Fainew Batist Church		1 General Fu..	50 00
Check	3/30/2011	27209	Tomcat Booster		1 General Fu..	165 00
Check	4/5/2011	27241	RCDA		1 General Fu..	100 00
Check	4/9/2011	27253	Mark Copley		1 General Fu..	50 00
Check	4/12/2011	27272	hospice		1 General Fu..	50 00
Check	4/19/2011	27312			1 General Fu..	100.00
Check	5/3/2011	27398	salvation army		1 General Fu..	50 00
Total 60340 Specific Assist to Individuals						6,160.00
Total 60300 Awards and Grants						6,160.00
TOTAL						6,160.00

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09/09/11

Accrual Basis

Fraternal Order of Eagles aerie 2329

Account QuickReport

June 2010 through May 2011

Type	Date	Num	Name	Memo	Split	Amount
60300 - Awards and Grants						
60310 - Benefits Paid To or For Members						
Check	6/24/2010	25727	Eagles		1 General Fu .	100 00
Check	6/28/2010	25745	Field Flowers		1 General Fu .	116 50
Check	8/3/2010	25929	Field Flowers		1 General Fu .	60 90
Check	9/1/2010	26071	Field Flowers		1 General Fu .	58 25
Check	9/28/2010	26213	Mike See		1 General Fu .	100.00
Check	10/1/2010	26220	Field Flowers		1 General Fu .	58.25
Check	10/20/2010	26329	Philips Funeral Home		1 General Fu .	100.00
Check	11/1/2010	26403	Field Flowers		1 General Fu .	58.25
Check	12/8/2010	26612	Keith Nichols	kid's christma .	1 General Fu..	1,000 00
Check	12/16/2010	26657	Field Flowers		1 General Fu .	58 25
Check	3/5/2011	27059	Field Flowers		1 General Fu .	58 25
Check	3/9/2011	27092	Field Flowers		1 General Fu .	54 95
Check	3/30/2011	27207	Field Flowers		1 General Fu .	174 75
Check	4/12/2011	27274	Evans Funeral Home		1 General Fu .	100.00
Check	4/30/2011	27368	Field Flowers		1 General Fu .	116 50
Check	5/24/2011	27506	Steen Funeral Home		1 General Fu .	300 00
Check	5/30/2011	27531	Field Flowers		1 General Fu .	116 50
Check	5/31/2011	1015	Ken Green		4 benefit fund	300 00
Total 60310 Benefits Paid To or For Members						2,931 35
Total 60300 Awards and Grants						2,931.35
TOTAL						2,931.35

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09/09/11

Accrual Basis

Fraternal Order of Eagles aerie 2329

Account QuickReport

June 2010 through May 2011

Type	Date	Num	Name	Memo	Split	Amount
60300 · Awards and Grants						
60320 · Cash Awards and Grants						
Check	7/21/2010	25861	Ashland Communit .	scholorship	1 General Fu .	1,500 00
Check	9/23/2010	26167	Arther Bocook		1 General Fu .	150 00
Total 60320 Cash Awards and Grants						1,650.00
Total 60300 · Awards and Grants						1,650 00
TOTAL						1,650.00