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Department of the Treasury

Internal Revenue Service

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

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

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

OMB No 1545-0047

201**0** 

Open to Public Inspection

For the 2010 calendar year, or tax year beginning June 1 2010, and ending May 31 20 11 D Employer identification number C Name of organization Fraternal Order of Eagles CDA Aerie #486 Check if applicable Doing Business As 82-0120060 Address change Number and street (or P O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 208 664-5612 209 Sherman Avenue Initial return City or town, state or country, and ZIP + 4 Terminated G Gross receipts \$ Coeur d'Aiene, Idaho 83814 515,189 Amended return F Name and address of principal officer Ronald D. Nold H(a) Is this a group return for affiliates? Yes No Application pending 200 Sherman Avenue Coeur d'Alene, Idaho 83814 H(b) Are all affiliates included? Yes No. 501(c) ( 8 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ▶ Website: ▶ Form of organization. ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ 1903 M State of legal domicile ID L Year of formation: Part I Summary Briefly describe the organization's mission or most significant activities: To Provide Services and Benefits to the Community Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . . . . 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a Net unrelated business taxable income from Form 990-T, line 34 Contributions and grants (Part VIII, line 1h). **Current Year** 46,082 49,866 8 Program service revenue (Part/VIII, line 2g) 443,601 9 439,615 Investment income ((Part VIII) column (A), lines 3, 4, and 7d) . . . . 2.745 1.306 10 11,090 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 24,402 14 Total revenue + add lines 8 through 11 (must equal Part VIII, column (A), line 12) 503,518 515,189 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 13 Benefits paid to or for members (Part IX, column (A), line 4) . . . 14 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,200 2,000 15 Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 167,663 Total fundraising expenses (Part IX, column (D), line 25) ▶ ٠... 359.887 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 510,483 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 529,750 512,483 18 (26, 232)Revenue less expenses. Subtract line 18 from line 12 2,706 19 **Beginning of Current Year** End of Year 965,703 951,133 20 Total assets (Part X, line 16) 194,096 182,217 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 771,607 768,916 Signature Block Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rer (other than officer) is based on all information of which preparer has any knowledge, true, correct, and complete. Dectar Date Sign SEPTEMBER 10, 2011 WORTHY PRESIDENT Here KENALD D. NOLD Type or print name and title Date Print/Type preparer's name Preparer's signature Check [] if Paid self-employed Preparer Firm's EIN ▶ Firm's name Use Only Phone no Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🗌 No Form 990 (2010)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

orm 99	0 (2010	10)		Page 2
Part	Ü	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		. 🗆
1	Brief	efly describe the organization's mission:		
	To F	Provide Services and Benefits to the Community		<b></b>
2	Did	the organization undertake any significant program services during the year which were not listed on the		
~	prior	·	Yes	☑ No
•		Yes," describe these new services on Schedule O.		
3		the organization cease conducting, or make significant changes in how it conducts, any program vices?	Yes	☑ No
		Yes," describe these changes on Schedule O.		
4	501(	scribe the exempt purpose achievements for each of the organization's three largest program services by exper I(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a ers, the total expenses, and revenue, if any, for each program service reported.		
4a		ode:) (Expenses \$ including grants of \$) (Revenue \$ t Applicable		)
				•
				•
				· · · · · · · · · · · · · · · · · · ·
4b	(Co	ode:) (Expenses \$including grants of \$) (Revenue \$		.)
			~~~~~	
			•••••	•••
				<b>-</b>
4-	(0-	ode: ) (Expenses \$ including grants of \$ ) (Revenue \$		<del></del>
4c	(CO	ode:) (Expenses \$ including grants of \$) (Revenue \$)	· <b></b>	. /
			·	
				••••••
			·	<del></del>
4d		ther program services. (Describe in Schedule O.)		
		xpenses \$ including grants of \$ ) (Revenue \$ )		
4e	10	otal program service expenses 🕨		

Part I	V Checklist of Required Schedules			-50 0
	•		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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		1
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		1
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		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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	-	<b>✓</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	6 35%	. · · · · · · · · · · · · · · · · · · ·	i jegivi Dižira
	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		<b>✓</b>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
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		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
Þ	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		1
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		1
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		1
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		1
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		1
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		1
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		Yes	No
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	21		<b>✓</b>
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	1	_
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		✓
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d <b>25</b> a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		<b>✓</b>
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 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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):		1 2 1 X	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>*</b>
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		<b>✓</b>
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		1
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		1
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	000	1
		For	m <b>99</b> 0	(2010)

Form 990				ı	Page 5
Part \	Statements Regarding Other IRS Filings and Tax Compliance	<del></del>			
	. Check if Schedule O contains a response to any question in this Part V	<u> </u>			
				Yes	No
	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 0		. ~	ŀ
С	Did the organization comply with backup withholding rules for reportable payments to reportable gaming (gambling) winnings to prize winners?	o vendors and		,	F
0-			1c	<b>✓</b>	├
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	20 20			
_	Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment t	2a 25	2b	,	ł
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see inst		20	<u>√</u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		1
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 of		-00		
70	over, a financial account in a foreign country (such as a bank account, securities account, o	r other financial			
	account)?		4a		1
h	If "Yes," enter the name of the foreign country: ▶		3 2	, 4	<del>                                     </del>
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financi	al Accounts.	4. 4		,-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,00	00, and did the			
	organization solicit any contributions that were not tax deductible?		6a		1
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).		1 1 2 1	ام آم در ایان	150
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods	), **=====	3.8	,
	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 f	or which it was			
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	المهرشاء	, 10° °	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)		·	1, 4,	ļ., ·
	organizations. Did the supporting organization, or a donor advised fund maintained by	y a sponsoring			4 /.
_	organization, have excess business holdings at any time during the year?		8		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.		. =		
a	Did the organization make any taxable distributions under section 4966?		9a 9b		<del> </del>
b			<u> </u>	7-	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	4.		7 3.
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b	1.5	** . * # ** . * *	, , ,
ь 11	Section 501(c)(12) organizations. Enter:	100	~		
''а	Gross income from members or shareholders	11a	- 2		
b	Gross income from other sources (Do not net amounts due or paid to other sources		1.5	· ***	7-15
_	against amounts due or received from them.)	116	1		١
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	<u> </u>		<del>  .</del> .
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1	
a	Is the organization licensed to issue qualified health plans in more than one state?		13a	<del></del>	<del>                                     </del>
_	Note. See the instructions for additional information the organization must report on Schedul	e O.	<u> </u>	7	<u> </u>
b				1 - 2	- : ·
	the organization is licensed to issue qualified health plans	13b	,		
С	Enter the amount of reserves on hand	13c	1	] :	^

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

Part \	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.  Check if Schedule O contains a response to any question in this Part VI		and	
Section	on 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 . 12,000			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	7		
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	1	-
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		7
6	Does the organization have members or stockholders?	6	1	<del>'</del>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		<u> </u>	<del>                                     </del>
	of the governing body?	7a	1	
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	-	<del>-</del>	<del> </del>
р	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	, · .	<del> </del>
8			115	1
	the year by the following:	- 4	·, ·	- ' -
а	The governing body?	8a	✓	ļ
b	Each committee with authority to act on behalf of the governing body?	8b	1	L
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		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	1	
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	1	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-	<del> </del> -
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	- '	1
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124		-
Ь	rise to conflicts?	12b		ļ
		120	<u> </u>	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		<del>                                     </del>
13	Does the organization have a written whistleblower policy?	13		<b>/</b>
14	Does the organization have a written document retention and destruction policy?	14		<u>/</u>
15	Did the process for determining compensation of the following persons include a review and approval by	2, 4.		- 125
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			3-11
а	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.)	7	1 - "	72.
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		1
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	13.3	- 1	
_	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	1	1	
	organization's exempt status with respect to such arrangements?	16b	,,,,,	, ,
Sect	ion C. Disclosure	1.00	L	Ь
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 for public inspection. Indicate how you make these available. Check all that apply.	)s onl	y) ava	ulable
	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	of inte	rest r	olicv
,,,	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	<b>,</b>	
20	organization: ► Cher Rhoads 209 Sherman Avenue Coeur d'Alene, Idaho 83814 (208) 664-5612			

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Form 990 (2010)

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

#### 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 no  (A)	(B)	u orga	211120	((		Jilipe	1134	(D) (E) (F)						
(A) Name and Title	Average	Positi	on (c		•	hat ap	nlv)	1	Reportable Reportable Esti					
Name and Tide	hours per week (describe hours for related organizations in Schedule O)	Individual tr	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations				
(1) Pete Rhoads	- 5							0	0	0				
Worthy President	<u> </u>			✓	_	<u> </u>	L.							
(2) Ronald D. Nold	- 5	1	1			ļ	1		o	0				
Worthy Vice-President		<u> </u>		✓	<u> </u>		<u> </u>							
(3) Cecil Grant	- 5	(	{		1	į	1	1 0	O	0				
Junior Past Worthy President	<u> </u>			1	<u> </u>	L	<u>_</u>	<u> </u>						
(4) Cher Rhoads	20	l				l	ļ	18,668	o	0				
Worthy Secretary				1			<u></u>	10,000		· · · · · · · · · · · · · · · · · · ·				
(5) Barbara McCarley	5			ĺ	1		1		0	o				
Worthy Treasurer			L	1	<u> </u>	<u> </u>	L	ļ	ļ	· · · · · · · · · · · · · · · · · · ·				
(6) Jay McCarley	5			1	1	[			0	0				
Trustee		<u> </u>	<u> </u>	1	L		L	Ĭ	<u> </u>					
(7) William Barlow	5	1			{	1				o				
Trustee		<u> </u>		1	ļ	<b>.</b>	_							
(8) Carl Carr	5	}			1	}			0	0				
Trustee	<u> </u>	<u> </u>	$oldsymbol{oldsymbol{oldsymbol{eta}}}$	1	<u> </u>	ļ	L							
(9) Roger McIntire	5	}		١.				) 0	o	o				
Trustee	<u> </u>	<u> </u>	_	1	ـــ	<b>-</b>	1_	<u> </u>						
(10) Hans Dose	5	1		1	}	1	}	1	0	o				
Worthy Conductor	<u> </u>	<u> </u>	↓_	1	<u> </u>	<del> </del>	<u> </u>			ļ				
(11) Dean Opsal	5	1		1		}		1 6	0	o				
Worthy Chaplain			<del> </del>	1	1_	<u> </u>	1		ļ					
(12) Gary Frederiksen	5				1	}	1	1	o (	0				
Trustee	<u> </u>	<u> </u>	⊥_	✓	1	↓	$\bot$	<u> </u>	ļ	ļ				
(13)						}		}						
(14)	-		1											
(15)	-		1	1	T		1			<del> </del>				
(16)	_		+-	1	T	1	T	<u> </u>						

Part '			Emplo	yee			Highe	est (			(continu		
	. (A) Name and title	(B) Average	Docit	00/0	)) back	•	that ap	nh/l	(D) Reportable	(E) Reportabl			F) nated
	Name and the	hours per week (describe hours for related organizations in Schedule O)	Individual tro	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	, '	compensation related organizatio (W-2/1099-M	from	amo ot compe from organ and r	unt of her ensation in the ization related zations
(17)					i								
(18)													
(19)										<u>-</u>			
(20)													
(21)					-					<del></del>			
(22)			-	-		-							<del> </del>
(23)					-						_		
(24)				-				-					
(25)		-			-					<del> </del>			
(26)		-											
(27)					-		-						
(28)													
1b	Sub-total	J	<del></del>	٠.	٠.	<del></del>	<del></del>	<b></b>	18,668	<del>                                     </del>	$\dashv$		
С	Total from continuation sheets to Part		on A					<b>&gt;</b>					
d	Total (add lines 1b and 1c)							<u> </u>	18,668	<u> </u>			
2	Total number of individuals (including bureportable compensation from the organ		d to t	hos	e lis	ted	abov	e) w	vho received m	ore than \$1	00,000	ın	
	reportable compensation from the organ	II ZULIOIT P				_			<del></del> -	<del></del>			Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete	officer, dire	ctor o	or ti	rust <i>ind</i>	ee, Iivia	key lual	emp	oloyee, or high	nest compe	nsated	3	(1) ·
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re	eporta	ble	cor	npe	nsati	on a	and other composite Sci	pensation from	om the	~	
	individual											4	1
5	Did any person listed on line 1a receive for services rendered to the organization	or accrue on? If "Yes,"	compe	ensa olete	atior Sc	n fro hea	m an Iule J	y ur for	nrelated organi such person	zation or inc		5	7 7
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	compensa	ited in	idep	end	dent	cont	ract	tors that receiv	ed more tha	ın \$100,	,000 of	
	(A)							Т	(B)			(C)	
Name and business address Description of services							-	Compens	ation				
NOT A	pplicable							+	<del></del> _			<del></del>	
					_	_		I					
								1					
2	Total number of independent contract	tors (includ	ling h	ut	not	lim	ited 1	to t	hose listed at	ove) who		•	, , ,
	received more than \$100,000 in compet										, -		

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
9 9	1a	Federated campaigns	1a		,	``		, -
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b	38,251		- 1	1	
효일	c	Fundraising events	1c		1			-
its	d	Related organizations	1d			. 1		, "
ons, gift similar	e	Government grants (contributions)	1e					
Si is	f	All other contributions, gifts, grants,			• ,	د - أ - ع	5 (1)	-1
tribution	•	and similar amounts not included above	16	11,615	, -	<i>^</i>		-
불	_	Noncash contributions included in lines 1		11/0,10		7 7 7		
Cont	g				49,866			1
	<u>h</u>	Total. Add lines 1a-1f	· ·	Business Code	49,000		<del></del>	
Ž (	_	D: D # A O -: 1 D			400 754	400 754	1.2	,
8	2a	Dinner, Buffets, Social Room		03	426,754	426,754		
Æ.	b	ATM		03	1,528	1,528		
Program Service Revenue	C	Gaming		03	4,885	4,885		<del> </del>
Š	d	Cover Charge		03	6,448	6,448		
틆	е						<u></u>	
<b>5</b>	f	All other program service reven	ue.					<u></u>
ے	g		<u> </u>	<u> ▶</u>	439,615			-43 4 5
!	3	Investment income (including						
j		and other similar amounts) .			1,306	1,306		
	4	Income from investment of tax-ex-	empt bo	ond proceeds ►	L			
	5	Royalties	<u> </u>	<u> </u>			·	
}		(i) Re	al 	(ii) Personal		2		remedit to the first
	6a	Gross Rents	24,402					
1	ь	Less: rental expenses			1 - 2			
	C	Rental income or (loss)		l		13 14 3 FRA 1-24	一一种感觉了	
	d	Net rental income or (loss) .	<u> </u>	<u> ▶</u>	24,402	24,402		
	7a	Gross amount from sales of assets other than inventory	nties	(ii) Other				
	b	Less: cost or other basis		<del> </del>	1 22 7 7			
		and sales expenses .		<del> </del>		医二氯化乙酸盐	The strategist	
	С	Gain or (loss)		L		3 1 1 1	(	
	ď	Net gain or (loss)		· · · · •				<del></del>
enne,	8a	Gross income from fundraising events (not including \$	ī					
Other Rev		of contributions reported on line See Part IV, line 18	-					
je E			_	<del></del>		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		PARTIE LA G
ō	b	Less: direct expenses			<del>-</del>			A. Jan.
	C	Net income or (loss) from fund	_	events .	<del> </del>		<del></del>	<u> </u>
	Ja	Gross income from gaming act See Part IV, line 19		1				
	ь	Less: direct expenses			1, 7 = 7, 2	1 mm		\$ 12 547
	C	Net income or (loss) from gam		ivities ►	<del> </del>	<del> </del>	ļ	
	iva	Gross sales of inventory, returns and allowances	· a	ł	7	7- 3-	1. 35 A . B. 1	man and a second
	_		_		- · · ·		1 1 2 2 2 2 2	
	þ	**				_	} ~	1.5.
	<u>c</u>	Miscellaneous Revenue	5 01 1110	Business Code				<del></del>
	44-	<del></del>		Dusiness Code	1	1	-	
	11a				<del> </del>	<del> </del>	<del> </del>	
	b			<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
	C	All alban marks		<b></b>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
	d	All other revenue	•	<u> </u>	<del> </del>	<del> </del>		<del> </del>
	12	Total. Add lines 11a-11d Total revenue. See instruction			515,189	465,323		<del> </del>
	<b>⊥'</b> 4_	i Judi i e veriue. Dee manuchol	10		313,188	400,323	1	L

### 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 1 7b, 8	not include amounts reported on lines 6b, lb, 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			- 5		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			= 2		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	2,000 18,668	2,000 18,668			
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 8	Other salaries and wages	106,674	79,274	27,400		
9	Other employee benefits					
10	Payroll taxes	15,802	15,802			
11	Fees for services (non-employees):				ı	
а	Management					
b	Legal	150	150		<del></del>	
c d	Lobbying		,,,,,			
e	Professional fundraising services. See Part IV, line 17		· Wash to J			
f	Investment management fees					
g	Other					
12	Advertising and promotion	194	194	<del></del>		
13	Office expenses	8,022	8,022			
14	Information technology					
15	Royalties					
16 17	Occupancy			<del></del>	<del></del>	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings .	326	326			
20	Interest	12,361	12,361			
21	Payments to affiliates	40.200	40 300			
22	Depreciation, depletion, and amortization .	19,388	19,388 2,428	8,397	<del></del>	
23	Other expenses. Itemize expenses not covered	10,023	12 12 172	1,001		
24	above (List miscellaneous expenses in line 24f. If	The second second			The state of the s	
	line 24f amount exceeds 10% of line 25, column		7			
	(A) amount, list line 24f expenses on Schedule O.)		ن د حراب و در این		e de Silva	
а	See Statement	316,073	249,868	66,205		
Ь	(Other Functional Expenses)			 		
C		ļ	<del></del>	<del> </del>		
d						
e f	All other expenses				<del>                                     </del>	
25	Total functional expenses. Add lines 1 through 24f	510,483	408,481	102,002		
26	Joint costs. Check here ▶☐ If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.					

Pa	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
$\neg$	1	Cash—non-interest-bearing	16,176	1	25,058
	2	Savings and temporary cash investments		2	
- }	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
- {	5	Receivables from current and former officers, directors, trustees, key			,
- 1		employees, and highest compensated employees. Complete Part II of			
}		Schedule L		5	
- 1	6	Receivables from other disqualified persons (as defined under section		- 7 -	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
ļ		employers and sponsoring organizations of section 501(c)(9) voluntary		, -	
5		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
A	8	Inventories for sale or use		8	
l	9	Prepaid expenses and deferred charges		9	
ł	10a	Land, buildings, and equipment: cost or		, L	
1		other basis. Complete Part VI of Schedule D 1,629,417	一种 不是表现代证	3:	
	b	Less: accumulated depreciation 10b 734,635	914,170	10c	894,782
1	11	Investments—publicly traded securities		11	
	12	Investments—other secunties. See Part IV, line 11	35,357	12	31,293
	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)	965,703	16	951,133
	17	Accounts payable and accrued expenses	12,192	17	8,847
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	L	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key		- 25 - - 25 -	
ā		employees, highest compensated employees, and disqualified persons.		100	10 mm 12 mm
Ï		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	181,904	23	173,370
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	<u> </u>
	26	Total liabilities. Add lines 17 through 25	194,096	26	182,217
**	}	Organizations that follow SFAS 117, check here ▶ ☐ and complete		F 😩	
ë	ļ	lines 27 through 29, and lines 33 and 34.			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
a	27	Unrestricted net assets	756,167	<del></del>	755,476
Ba	28	Temporarily restricted net assets	15,440	<del></del>	13,440
2	29	Permanently restricted net assets	<u> </u>	29	<del></del>
Ξ		Organizations that do not follow SFAS 117, check here ▶ ☐ and	[4] 英语电影的	=	
ō		complete lines 30 through 34.	la, Trilla, or tr		
ats.	30	Capital stock or trust principal, or current funds		30	ļ
586	31	Paid-in or capital surplus, or land, building, or equipment fund	771,607	-	768,916
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds .		32	·
Ž	33	Total net assets or fund balances	771,607		768,916
_	34	Total liabilities and net assets/fund balances	965,703	34	951,133
					Form <b>990</b> (2010)

Ullil 55	0 (2010)			ge 12
Part				
	Check if Schedule O contains a response to any question in this Part XI	· · ·	· · ·	_브
1	Total revenue (must equal Part VIII, column (A), line 12)			
2	Total expenses (must equal Part IX, column (A), line 25)			
3	Revenue less expenses. Subtract line 2 from line 1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))4			
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))			_
Part	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:			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Ť	1
b	Were the organization's financial statements audited by an independent accountant?	2b		<del>-</del>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
C	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	y"	7 P	172
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:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	1 - 5	.,	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		
		For	n <b>990</b>	(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

	the organization			uncapon number	
Fraterr	al Order of Eagles CDA Aerie #486			82-0120060	
Part	Organizations Maintaining Donor Advised Funds or Other Similar Fundamentation answered "Yes" to Form 990, Part IV, line 6.	ds or A	Acco	unts. Complete	if the
	(a) Donor advised funds		b) Fund	ds and other accounts	
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 in writing that the assets he funds are the organization's property, subject to the organization's exclusive legal control.				☑ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant only for charitable purposes and not for the benefit of the donor or donor advisor, or followering impermissible private benefit?	or any o	other	be used purpose	☑ No
Part	Conservation Easements. Complete if the organization answered "Yes"	to Forr	n 990	), Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).			······································	
	Preservation of land for public use (e.g., recreation or education)	f an hist	torica	lly important land	area
	☐ Protection of natural habitat ☐ Preservation of				
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution easement on the last day of the tax year.	on in the	e form	of a conservation	1
		ſ	7	Held at the End of the	Tax Year
а	Total number of conservation easements	!	2a		
b	Total acreage restricted by conservation easements		2b	<del></del>	
c	Number of conservation easements on a certified historic structure included in (a)		2c		
ď	Number of conservation easements included in (c) acquired after 8/17/06, and not			· · · · · · · · · · · · · · · · · · ·	
_	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, released, extinguished, or territax year ▶	nınated	by th	ne organization du	ring the
4	Number of states where property subject to conservation easement is located ▶				
5	Does the organization have a written policy regarding the periodic monitoring, insviolations, and enforcement of the conservation easements it holds?				✓ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	easem	ents d		_
-	<b>&gt;</b>			• ,	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease	ements	during	g the year	
	<b>▶</b> \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements (i) and section 170(h)(4)(B)(ii)?			0(h)(4)(B) · · · □ <b>Ye</b> s	i □ No
9	In Part XIV, describe how the organization reports conservation easements in its revenue balance sheet, and include, if applicable, the text of the footnote to the organization's fin	e and ex nancial :	xpens staten	e statement, and nents that descnb	es the
	organization's accounting for conservation easements.				
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		r Sim	ilar Assets.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, expublic service, provide, in Part XIV, the text of the footnote to its financial statements that	ducatio	n, or	research in furthe	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its works of art, historical treasures, or other similar assets held for public exhibition, expublic service, provide the following amounts relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1		1	▶ \$	
2	(ii) Assets included in Form 990, Part X	 Ir asset	1	<b>\$</b>	

**b** Assets included in Form 990, Part X . \_ . \_ .

a Revenues included in Form 990, Part VIII, line 1 . . . . . . . .

Page 2	2
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Schedule D (Fo	rm 990) 2010
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Part	III Organizations Maintaining	Collections of	Art, Hist	orical	Treasures, o	or Otl	ner Similar Ass	ets (cc	ntin	ued)
3	Using the organization's acquisition, a	ccession, and of	ther record	ds, ched	ck any of the	follow	ing that are a sig	gnificant	use	of its
	collection items (check all that apply):			_						
а	☐ Public exhibition				an or exchang					
b	Scholarly research		е [	] Oth	ner					<b>.</b>
C	☐ Preservation for future generation									
4	Provide a description of the organization	on's collections	and expla	n how t	they further th	ne org	anızatıon's exem	pt purpo	ose ir	n Part
	XIV.									
5	During the year, did the organization									
	assets to be sold to raise funds rather							Y€		
Part	V Escrow and Custodial Arra	ngements. Co	mplete if	the ore	ganization ar	nswer	ed "Yes" to For	m 990,	Part	t IV,
	line 9, or reported an amoun	t on Form 990,	Part X, III	ie 21.						
1a	Is the organization an agent, trustee,								_	_
	included on Form 990, Part X?					• •		☐ Ye	s 🛂	∐ No
þ	If "Yes," explain the arrangement in Pa	art XIV and compl	lete the fol	lowing	table:		<del></del>			
						<u> </u>	An	nount		
C	Beginning balance					1c	<del> </del>			
d	Additions during the year					1d	<del></del>			
е	Distributions during the year					1e	<del></del>			
f	Ending balance					1f				
2a	Did the organization include an amour		art X, line	21? .				☐ Ye	s L	∐ No
	If "Yes," explain the arrangement in Pa	art XIV.			1 40/ 7 4 - 5 -		20 D. 4 8 / E.			
Par	Endowment Funds. Comple							10.		
		(a) Current year	<b>(b)</b> Prio	r year	(c) Two years	Dack	(d) Three years back	<del> </del>	<del></del>	Dack
1a	Beginning of year balance		<u> </u>		<del> </del>			. All .	2 17 (2)	• •
b	Contributions		<del> </del>		<del> </del>		13. <u>************************************</u>	1	1	
C	Net investment earnings, gains, and				1	{	<b>建设设施</b>	135		المجارة
	losses	<del></del>	<del> </del>		<del></del>			1 35%		
d	Grants or scholarships	_ <del> </del>	<del> </del>		<del> </del>		Tit grant is		¥	17 14
е	Other expenditures for facilities and						16. 包含化学	1. 6. 18.74	المرتبة أ	
	programs	L	<b>↓</b>		<del></del>			· ^,	11 - 3	
f	Administrative expenses	L	<u> </u>		·					
g	End of year balance	<u> </u>	<u> </u>		.l		to South Start	17.	- 5.	<u>*</u>
2	Provide the estimated percentage of t	he year end balai		s:						
а	Board designated or quasi-endowmen	nt 🕨	0 %							
b	Permanent endowment ▶									
C	Term endowment ► 0 %							_		
3a	Are there endowment funds not in th	e possession of t	ine organi	zation ti	nat are nelo a	ino ao	ministered for the			T
	organization by:								Yes	NO
	(i) unrelated organizations					• •		3a(i)		
_	(ii) related organizations			 - Caba				3a(ii)		<del> </del>
b	If "Yes" to 3a(ii), are the related organ	izations listed as	requirea d	on Sche	dule K? .			3b		L
4	Describe in Part XIV the intended use									
Par							<del></del>	<del></del>	<del></del>	
	Description of investment	(a) Cost or (invest)		1	or other basis (other)	d	Accumulated epreciation	(d) Boo	k valu	e 
1a	Land		292,982				Section Section		29	2,982
b	Buildings		1,033,927				437,662		59	6,265
C	Leasehold improvements									
d	Equipment		302,508				296,973			5,535
е	Other			<u> </u>						
Total	. Add lines 1a through 1e. (Column (d) i	nust equal Form	990, Part	X, colun	nn (B), line 10	(c).)	. <u></u> . ▶		89	4,782

Part VII	Investments - Other Securities.	See Form 990, Part X, I	ine 12.
, (a	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial	•		
	neld equity interests		
(3) Other		24 222	0.001/2015
(A) CDS		31,293	CASH VALUE
(B) (C)			
(D)			<del> </del>
(E)			
( <del>F)</del>			
(G)			
(H)			
(1)			
	b) must equal Form 990, Part X, col. (B) line 12.)		er of the state of
Part VIII	Investments - Program Related	i. See Form 990, Part X,	line 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)		<u> </u>	
(10) Total, (Column	(b) must equal Form 990, Part X, col. (B) line 13 )		BY THE TOTAL STATE OF THE PROPERTY OF THE PROP
Part IX	Other Assets. See Form 990, Pa	art X. line 15.	
	<del></del>	a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
_(6)			
_(7)			
(8)			
(9)			
(10)	ımn (b) must equal Form 990, Part X, c	ol (R) line 15 )	
Part X	Other Liabilities. See Form 990		
1.	(a) Description of liability	(b) Amount	The state of the s
	l income taxes	<del> </del>	
(2)		<del></del>	
(3)			
(4)			
(5)			The state of the s
(6)			
(7)			
(8)			
(9)	<del> </del>		
(10)			
(11)		<u> </u>	
	(b) must equal Form 990, Part X, col (B) line 25.) ▶		
2. FIN 48 (A	ASC 740) Footnote. In Part XIV, provide	e the text of the footnote to	the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

#### **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization

Fraternal Order of Eagles CDA #486

Part I Questions Regarding Compensation

**Employer identification number** 82-0120060

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	-		-
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use	. *	,	
	☐ Travel for companions ☐ Payments for business use of personal residence	ļ	` ^	ļ
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	_		
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			ľ
				1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	L = 7,		ŀ
-	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	` .	-	
	explain	1ь		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,		—	<del> </del>
~	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		1
	directors, trastees, and the opportunity birector, regulating the terms should arrive full.	, ~		<del>-</del>
_	In It is the left of the following the appropriation upon to entablish the companyation of the	12 1 E	35,	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the	227	)- ````  - `````	12
	organization's CEO/Executive Director. Check all that apply.	F. 25	347 349 2 2 3 1	11
	Compensation committee		1	2.
	Independent compensation consultant   Compensation survey or study		1, 1,	
	Form 990 of other organizations	9 7	ر کی ا	, e
		ζ, , ,	4 7	, P. C.
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	51-1		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	organization or a related organization:	1	1 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		<b>V</b>
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	L	<b>/</b>
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	L	<b>✓</b>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1	14.7	5 3.
		£	- 1	·
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	<i>)</i> `	(E)	, '
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	3	27.14	132
	compensation contingent on the revenues of:	ļ., · ·	- 1 2	
а	The organization?	5a	}	]
ь	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	. 1	- 11
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		- 1	
	compensation contingent on the net earnings of:	127.5		ς -
а	The organization?	6a	ł	
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.	1		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	Ϊ,		
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	}	]
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	1	1	1
	in Part III	8		1
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	<u> </u>		1
•	Regulations section 53.4958-6(c)?	9	}	

Schedule J (Form 990) 2010

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		Carried Carlo	OIV 000 / F 0 1415	Companention				
		(a) Sreakdown c	(B) Breakdown of W-2 and/or 1099-MISC compensation	C CUITIPET IS BELIEFT	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(l)(a)	reported in prior Form 990 or Form 990-EZ
Cher Rhoads	8	18,668					18,668	
1 Worthy Secretary	€							
	€							
2	<b>E</b>							
	ε						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3	<b>(E)</b>							
	ε							
4	<b>E</b>							
	(1)					0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
S	€							
	8						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9	€							
	8							
7	<b>(E)</b>	1 4 4 4 3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9						
	ω							
8	(3)							
	(0)						1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
8	(3)							
	ω							
10	(E)							
	(0)							
11	8							
	<b>E</b>							
12	€							
	E						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
13	€							
	8							
14	€							
	€ :							
15	€							
	€ €			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1		
16								

Schedule J (Form 990) 2010

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

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number Name of the organization 82-0120060 Fraternal Order of Eagles CDA #486 Part VI Item #2 Cher Rhoads, Worthy Secretary, and Pete Rhoads, Worthy President are married. Part VI Section B Question 15b All salaries of the Worthy Secretary must be approved by the Membership and Approved as a Bylaw Change Part X Liabilities: Line 17 Accounts Payable and Accrued Expenses: General Payables 1,838 **Payroll Liabilities** 7,009 8,847 Total

	ОТН	HER FUNCTIONAL E	XPENSES: PAGE 10 LINE	24a
Description	Total Expense	Program Services	Management & General	Fundrising
Aerie Service Stipend	781		781	
Bar & Beverage	180,327	180,327		
Food Costs	26,732	26,732		
Music Costs	12,682	12,682		
Dues & Subscriptions	1,342		1,342	
ATM Rental	1,562		1,562	
Bank & Buyer Fees	299		299	
Idaho State Sales Tax	24,126	24,126		
Theft/Bad Checks	343	343		
License & Permits	5,658	5,658		
Repairs & Maintenance	29,760		29,760	
Telephone	3,397		3,397	
Utilites Gas & Water	29,064		29,064	
Totals	316,073	249,868	66,205	

# 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.

OMB No. 1545-0172

2010 Attachment Sequence No 67

Name(s) shown on return Business or activity to which this form relates Identifying number Form 990 Fraternal Order of Eagles CDA #486 82-0120060 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Total cost of section 179 property placed in service (see instructions) . . . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If marned filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 8 Total elected cost of section 179 property, Add amounts in column (c), lines 6 and 7 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 . . . . . . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 . . . . . . . . 19,388 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention placed in (f) Method (a) Depreciation deduction (a) Classification of property (business/investment use only-see instructions) service 19a 3-year property 5-year property 7-year property d 10-year property e 15-year property f 20-year property 25 yrs q 25-year property h Residential rental 27 5 yrs MM S/L property 27 5 yrs MM S/L S/L i Nonresidential real 39 yrs MM property MM Section C-Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs b 12-year S/L c 40-year 40 yrs MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 19.388 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . . . . .