

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# CIS5D3RK2N Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

_	<del></del>		<u> </u>	2 12 1				-			
<u>A</u>	For the	2010 calendai	year, or tax year begin	ning 6/01	, 2010,	and endir	ig 5/	31		, 2011	
В	Check if ap	plicable						D Employ	er Iden	tification Number	
	Addre	ss change FI	RATERNAL ORDER	OF THE EAGLES	#2012			82-	0172	:388	
	Name	change 70	07 MAIN AVE					E Telepho	ne num	iber	
	$\vdash$	return S.	I MARIES, ID 83	861				208	-245	-2912	
	$\vdash$	i i									
	Termi							ا ا			<i>-</i>
	Amen	ded return						G Gross r			<u>, 677 .</u>
	Applic	' -1	Name and address of principal	i officer NICKOLAU	S R BOND			a group retur		<b>⊨</b> = '*"	<b>=</b>
		Sa	ame As C Above					l affiliates incl ' attach a list		structions) Yes	∐_ No
1	Tax exe	mpt status	501(c)(3) X 501(c) (	B ) ◄ (insert no.)	4947(a)(1) or	527	, ,,,,,		(500	70 30101107	
7	Websi	te; ► N/A					H(c) Group	exemption nu	ımber 🕨	<b>&gt;</b>	
ĸ		organization.	Corporation Trust X	Association Other►	li v	ear of Forma				legal domicile. ID	)
Ď	art I	Summary	Corporation   Trest  25	ASSOCIATION   OURCE		Car Or Torritor		<u> </u>	100 100	egai connece. a.a.	
1.6			the organization's missi	on or most significant	actuation: ET	ATEDNA	T C CI	IADTEAD	T E		
	' "	leny describe	the organization's missi	ion or most significant	activities. FF	(VITCLINY	דר <del>מ</del> רנ	1021796	HB		
8			~								
퉏			~								~
<u> </u>											
õ			If the organization			osed of mo	ire than a	25% of its	net as	sets.	
<b>4</b>			g members of the gover						3		8
6		-	pendent voting members			•		•	4		<u>ŏ</u>
₹			individuals employed in						5		0
Activities & Governance			volunteers (estimate if						6		50
			business revenue from I					• • • •	7a		0.
	<b>b</b> Ne	t unrelated bu	isiness taxable income	from Form 990-T, line	34	<del></del>			7Ь		<u> </u>
							<u>F</u>	rior Year		Current Y	<u>ear</u>
			d grants (Part VIII, line								
Ę		_	revenue (Part VIII, line	_		•				<u>9</u>	,943.
Revenue			me (Part VIII, column (A								<u> 12.</u>
æ			Part VIII, column (A), Iir								, 928.
	12 To	<u>tal revenue –</u>	add lines 8 through 11	(must equal Part VIII,	column (A), lir	ne 12)					,883.
	13 Gr	ants and simil	ar amounts paid (Part I	X, column (A), lines 1	<b>·3)</b>				l	3	<u>,415.</u>
	14 Be	nefits paid to	or for members (Part I)	(, column (A), line 4).						2	,486.
		•	ompensation, employee							1	,675.
9			draising fees (Part IX, o						1		
Expenses	l		= '				`				
8	<b>b</b> 10	tal fundraising	expenses (Part IX, col	umn (D), line 25) 🏲 _							
			(Part IX, column (A), lir								<u>,672.</u>
	<b>18</b> To	tal expenses.	Add lines 13-17 (must e	equal Part IX, column	(ALIVE ZED)		·			14	,248.
_			penses Subtract line 1			<del>ചധി</del>	.1			-2	<u>, 365.</u>
b 3				m	4 0 2012		Beginnu	ng of Current	Year	End of Ye	ar
48	<b>20</b> To	tai assets (Pa	rt X, line 16)	APR	1.2 2012	J.J		508,2	15.	503	,485.
13	<b>21</b> To	tal habilities (F	Part X, line 26)					508,2	15.	505	,850.
1		•	nd balances. Subtract li	no 21 from line 26 C	DEN LIT				0.		, 365.
لسمح		Signature		ne 21 110111 1111e 2011	DEIN CI	<del></del>	<del></del>				, 303.
			···								
Com	er penalties plete. Decla	of perjury, I declar ration of preparer	re that I have examined this retu (other than officer) is based on	im, including accompanying s all information of which prepa	rer has any knowled	nents, and to ige	tne best of r	ny knowleoge	and bei	ies, it is true, correct	i. and
			0. 11.11					U-8.	12		
n:		Signature of	officer Supplemental Control		<del></del>		Da				
Sig	iu Iu	L ,		`							
пе	re	DALE I	K HILL t name and title				Secre	etary			
		<del>                                     </del>		<del></del>		r: -				DTM	
	,	Print/Type prepa	rer's name	Preparer's signature		Date		Check	]"	PTIN	
Pai	d	JOHN J.	FERRIS EA	JOHN A. MERICA	SCEN/			self-employe	d	N/A	
	parer	Firm's name	► St. Maries Fo	restory & Tax S	Service, I	Inc.					
Us	Only	Firm's address	► 535 Main Aven					Firms EIN	- N/2	A	
		3 3001033		D 83861	<del></del>			Phone no	(208		0
N/	the IDC	diagram Abra -			etructions)			- mana no	<u> </u>	X Yes	No
_			eturn with the preparer				A0113L 12			Form 990	
ez A A			IFTION DET MOTION COAT	an ennarma incinición	12%	12-14	12	C (   (   ( ) )			- ( <u>-</u> U/U/

	1 390 (2010) TRAILMAL ORDER OF THE EAGLES #2012	02-0	11/2300	Page 4
Pai	January Paris Pari			_
	Check if Schedule O contains a response to any question in this Part III			
1	Briefly describe the organization's mission:			
	FRATERNAL & CHARITABLE			
		~~~~		
2	Did the organization undertake any significant program services during the year which were not li	isted on the pro	nr	
_	Form 990 or 990-E2?			X No
	If 'Yes,' describe these new services on Schedule O.			<u> </u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any progr		□ v	₩
•	· · · · · · · · · · · · · · · · · · ·	ram services?.	Yes	X No
	If 'Yes,' describe these changes on Schedule O.		<b>-</b> .	
4	Describe the exempt purpose achievements for each of the organization's three largest programs and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of graexpenses, and revenue, if any, for each program service reported.	services by exp ants and alloca	enses. Section tions to others	n 501(c)(3) , the total
48	(Code:) (Expenses \$ including grants of \$	) (Revenue	\$	
			~	
				<b>-</b>
			~	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
			~	
4 b	(Code:) (Expenses \$including grants of \$	) (Revenue	S	
			·	······································
			~~~~	
4c	(Code:) (Expenses \$including grants of \$	) (Revenue	\$	)
			~	
•				
•				
•				
•				
•				
44	Other program sequence (Describe in Schedule O.)			
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue)	(a. \$	,	`
	(Expenses \$ including grants of \$ ) (Revenutional program service expenses ►	16 <b>Y</b>		<u> </u>
40	I OLAI DI OLI INTERNATION SEL PER SES P			

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) ..... 2 X X 3 4 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 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, 6 Х 7 X 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 X 10 X 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule X 11 a X 11 b c Did the organization report an amount for investments— program related in Part X, tine 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11 c X 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. 11 d X X 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... Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D. Parts XI. XII. and XIII 12a X 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 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 14a Did the organization maintain an office, employees, or agents outside of the United States? ...... X 148 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. X 14b 15 X 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 Х 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. 18 X 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. X 19 X 20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H....... 20 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).

Pa	TIV   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? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		X
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<del></del>	
,	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		
(	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
(	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 [	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		Χ_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	<b></b> ↓	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part L	33		Х
34	line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
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)? If 'Yes,' complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 930 filers are required to complete Schedule O	38		х_
BAA		Form	<b>990</b> (2	(010

Pa	Statements Regarding Other IRS Filings and Tax Compliance  Check of Schedule O contains a response to any question in this Part V			. [
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a (			Γ
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	2		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2	a 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 (			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	36		
	a 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		х
	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.	11		
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5Ь		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6	a 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		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	П		
	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?			
	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?	7с		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	71		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
	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?			
9	Sponsoring organizations maintaining donor advised funds.	8		
_	a Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	96	$\dashv$	
	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on Part VIII, line 12	1	- 1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	Į	
	Section 501(c)(12) organizations. Enter:		1	
ı	Gross income from members or shareholders			
i	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
128	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ŧ	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	T	T	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		[_	
E	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			]
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Oid the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
<u> </u>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

• • • • • • • • • • • • • • • • • • • •		
Form 990 (2010) FRATERNAL ORDER OF THE EAGLES #2012 82-0172388		Page (
Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha Schedule O. See instructions.	nges	in 
Check if Schedule O contains a response to any question in this Part VI	<u></u>	X
Section A. Governing Body and Management		
1.9 Enter the number of voting members of the governing body at the end of the tax year.	<u>,</u>	Yes No
1 a Enter the number of voting members of the governing body at the end of the tax year 1 a b Enter the number of voting members included in line 1a, above, who are independent 1 b	4	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	} }
officer, director, trustee or key employee?	2	X
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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	x
6 Does the organization have members or stockholders?	6	Х
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	x
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7Ь	Х
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	Х
<b>b</b> Each committee with authority to act on behalf of the governing body?	8ь	X
9 Is there any officer, director or 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	x
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		
Section D. Foncies (This Section D requests information about policies not required by the internal Revenue Code.)		
		Yes No
10a Does the organization have local chapters, branches, or affiliates?	10a	Yes No
	10a 10b	Х
10 a Does the organization have local chapters, branches, or affiliates?  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?	Г	
10 a Does the organization have local chapters, branches, or affiliates?  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?  11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	10b 11a	X
10a Does the organization have local chapters, branches, or affiliates?  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?  11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O  12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	10b	Х
10 a Does the organization have local chapters, branches, or affiliates?  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?  11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	10b 11a	X
<ul> <li>10 a Does the organization have local chapters, branches, or affiliates?</li> <li>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?</li> <li>11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13</li> <li>b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in</li> </ul>	10b 11a 12a 12b	X
<ul> <li>10 a Does the organization have local chapters, branches, or affiliates?</li> <li>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?</li> <li>11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13</li> <li>b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.</li> </ul>	10b 11a	X
<ul> <li>10 a Does the organization have local chapters, branches, or affiliates?</li> <li>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?</li> <li>11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13</li> <li>b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.</li> </ul>	10b 11a 12a 12b	X
<ul> <li>10 a Does the organization have local chapters, branches, or affiliates?</li> <li>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?</li> <li>11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13</li> <li>b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done</li> <li>13 Does the organization have a written whistleblower policy?</li> <li>14 Does the organization have a written document retention and destruction policy?</li> </ul>	10b 11a 12a 12b 12c 13	X X X
<ul> <li>10 a Does the organization have local chapters, branches, or affiliates?</li> <li>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?.</li> <li>11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13</li> <li>b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.</li> <li>13 Does the organization have a written whistleblower policy?</li> <li>14 Does the organization have a written document retention and destruction policy?</li> </ul>	10b 11a 12a 12b 12c 13	X X X
<ul> <li>10 a Does the organization have local chapters, branches, or affiliates?</li> <li>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?</li> <li>11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?.</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13</li> <li>b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.</li> <li>13 Does the organization have a written whistleblower policy?</li> <li>14 Does the organization have a written document retention and destruction policy?</li> <li>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?</li> </ul>	10b 11a 12a 12b 12c 13 14	X X X
<ul> <li>10a Does the organization have local chapters, branches, or affiliates?</li> <li>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?</li> <li>11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?.</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13.</li> <li>b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.</li> <li>13 Does the organization have a written whistleblower policy?.</li> <li>14 Does the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>a The organization's CEO, Executive Director, or top management official.</li> </ul>	10b 11a 12a 12b 12c 13 14	X X X X
<ul> <li>10 a Does the organization have local chapters, branches, or affiliates?</li> <li>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?</li> <li>11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13</li> <li>b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.</li> <li>13 Does the organization have a written whistleblower policy?</li> <li>14 Does the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>a The organization's CEO, Executive Director, or top management official.</li> <li>b Other officers of key employees of the organization.</li> <li>If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)</li> <li>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?</li> </ul>	10b 11a 12a 12b 12c 13 14	X X X X
<ul> <li>10 a Does the organization have local chapters, branches, or affiliates?</li> <li>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?</li> <li>11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13</li> <li>b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.</li> <li>13 Does the organization have a written whistleblower policy?</li> <li>14 Does the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>a The organization's CEO, Executive Director, or top management official.</li> <li>b Other officers of key employees of the organization.</li> <li>If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)</li> <li>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?</li> </ul>	10b 11a 12a 12b 12c 13 14	X X X X
<ul> <li>10a Does the organization have local chapters, branches, or affiliates?</li> <li>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?.</li> <li>11a Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?.</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13.</li> <li>b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.</li> <li>13 Does the organization have a written whistleblower policy?.</li> <li>14 Does the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>a The organization's CEO, Executive Director, or top management official.</li> <li>b Other officers of key employees of the organization.</li> <li>If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)</li> <li>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?.</li> <li>b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in point venture arrangements under applicable federal tax law, and taken steps to safeguard the</li> </ul>	10b 11a 12a 12b 12c 13 14	X X X X
<ul> <li>10 a Does the organization have local chapters, branches, or affiliates?</li> <li>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?</li> <li>11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13</li> <li>b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.</li> <li>13 Does the organization have a written whistleblower policy?</li> <li>14 Does the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>a The organization's CEO, Executive Director, or top management official.</li> <li>b Other officers of key employees of the organization.</li> <li>If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)</li> <li>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?</li> </ul>	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X
<ul> <li>10 a Does the organization have local chapters, branches, or affiliates?</li> <li>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?.</li> <li>11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?.</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>12 a Does the organization have a written conflict of interest policy? If "No," go to line 13.</li> <li>b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.</li> <li>13 Does the organization have a written whistleblower policy?</li> <li>14 Does the organization have a written whistleblower policy?</li> <li>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?</li> <li>a The organization's CEO, Executive Director, or top management official.</li> <li>b Other officers of key employees of the organization.</li> <li>If "Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)</li> <li>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?.</li> <li>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?</li> </ul>	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X X
<ul> <li>10 a Does the organization have local chapters, branches, or affiliates?</li> <li>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?.</li> <li>11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O</li> <li>12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13.</li> <li>b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.</li> <li>13 Does the organization have a written whistleblower policy?</li> <li>14 Does the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>a The organization's CEO, Executive Director, or top management official.</li> <li>b Other officers of key employees of the organization</li> <li>If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)</li> <li>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?</li> <li>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 arrange</li></ul>	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

DALE K HILL 2317 ORA AVE ST MARIES ID 83861 (208) 245-4544

Form 990 (2010)

Form 990 (2010)	FRATERNAL ORDER	OF THE EAGLES #2012	82-0172388
4 1 441			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employees.'
- 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	n nor any	relate	ed o	rgan	izat	ion co	mpe	ensated any current o	fficer, director, or trus	stee.
(A)	(B)	1		((				(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	e or director		_		Highest compensated an employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation fram related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
() NICKOLAUS R BOND President	0							0.	0.1	0.
(2) RANDY S NOLD Vice President	0							0.	0.	0.
(3) JOHN R BOUMAN Treasurer	0							75.	0.	0.
(4) DALE K HILL Secretary	0							1,600.	0.	0.
(5) CATHERINE A VALLEY Trustee	0							0.	0.	0.
(6) CHARLIE GRUBBS Trustee	0							0.	0.	0.
(7) HARVEY BALBI Trustee	0							0.	0.	0.
(8) DON ECKMAN Trustee	0							0.	0.	0.
_(9)										
(10)										
211)										
<u>(12)</u>										
(13)										
(14)										
<u>(15)</u>										
ue .										
מת										
			_	_						Farm 000 (0010)

Page 7

(A)	(B)				c)			(D)	(E)		(F)
Name and title	Average hours per week (describe hours for related organi- zations' in Sch O)			Officer	a Key employee	Highest compensated employee	Epiy) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizatio (W-2/1099-MISC)	ns i	Estimated mount of old compensation from the organization and related organization
8)				_						_	
9)		-									<del></del>
20)			П								<del></del>
1)											
2)									<del></del>	<b>-</b>	
3)										_	
4)			П							1	<del></del>
5)											
6)	,				•	_					
n											
8)									· · · · · · · · · · · · · · · · · · ·		
9)											
								1,675.		).	
c Total from continuation sheets to Part VII, Section							•	0.		<u> </u>	
d Total (add lines 1b and 1c)  Total number of individuals (including but not limited							rec	1,675.		ortable c	ompensa
from the organization • 0								***************************************	<del></del>		Yes
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	ey e	emp	loye	e, c	or bi	ghest compensate	d employee		
For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th											
such individual		٠			•	• •					
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of action B. Independent Contractors	omplete	Sci	hedu	ile J	for	suc	n pe	erson	****	5	
Complete this table for your five highest compensate	ed indep	end	ent	cont	rac	tors	that	t received more th	an \$100,000 of		
compensation from the organization. (A)							7	(B)			(C)
Name and business address	·			_				Description o	r services	Comp	pensation
					_						

For	m 990 (2010) FRATERNAL ORDER OF THE EAGLES	#2012		82-0172388	Page 9
Pa	rt 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
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b 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 g Noncash contributions included in lns 1a-1f; \$		į		
ERVICE REVENUE C	h Total. Add lines 1a-1f  Business Code  2a Membership Dues & Assessments  b  c  d	9,943.	9,943.		
PROGRAM S	f All other program service revenue g Total. Add lines 2a-2f	9,943.			
	Investment income (including dividends, interest and other similar amounts)		12.		
	b Less: rental expenses. c Rental income or (loss) d Net rental income or (loss)  7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory.  b Less. cost or other basis and sales expenses c Gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
0	c Net income or (loss) from fundraising events  9a Gross income from gaming activities. See Part IV, line 19				
	c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances				
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b	1,928.	1,928.		
	d All other revenue.  e Total. Add lines 11a-11d	11,883.	11,883.	0.	0.

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).

	- The Other Organizations must comp	icie column (A) bat are	TION TOGOTOG TO COMPTO	(5), (6), (7)	. (5).
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,415.	,		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16		•		
4	Benefits paid to or for members	2,486.			
5	Compensation of current officers, directors, trustees, and key employees	1,675.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)		•		
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees).				
ŧ	Management				
ŧ	Legal				
(	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other			· <u></u>	
	Advertising and promotion				
	Office expenses				
	Information technology				
15	Royalties	5 605			
16	Occupancy	5,607.			
17 18	Travel  Payments of travel or entertainment expenses for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		<u> </u>		
	Insurance				
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	Printing and Publications	1,065.			
b					
C					
ď					- <u>-</u>
e					
f	All other expenses				·
25	Total functional expenses. Add lines 1 through 24f	14,248.			
26	Joint costs. Check here I 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.				
ZΛΛ				<u></u>	Form 990 (2010)

BAA

Part X Balance Sheet (A) Beginning of year (B) End of year 26,519. 14,460. 1 Cash - non-interest-bearing ...... ....... 2 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L . 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 8 Inventories for sale or use ...... 9 490,000. 490,000 480,400. 10 c 11 Investments – publicly traded securities . . . . . . . . 12 12 Investments — other securities See Part IV, line 11 . . . 13 13 Investments - program-related, See Part IV, line 11 -2,365.96. 14 14 1,200. 1,390. 15 15 508,215. 503,485. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses... 18 18 19 19 20 Tax-exempt bond liabilities ...... 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 23 Secured mortgages and notes payable to unrelated third parties ... 24 Unsecured notes and loans payable to unrelated third parties.......... 508,215. 25 505,850. 508,215. 505,850. 26 26 Total liabilities. Add lines 17 through 25.... Organizations that follow SFAS 117, check here > X and complete lines 27 through 29 and lines 33 and 34. -2,365.27 27 Unrestricted net assets ........ 28 Temporarily restricted net assets ... .... ... ... 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds ...... Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds ..... -2,3650 33 508,215. 503,485. 34 34 Total liabilities and net assets/fund balances..... Form 990 (2010)

TEEA0111L 12/21/10

Form 990 (2010) FRATERNAL ORDER OF THE EAGLES #2012	82-01723	388	Page 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI		<u></u>	<u> </u>
1 Total revenue (must equal Part VIII, column (A), line 12)	1.1		11,883.
2 Total expenses (must equal Part IX, column (A), line 25)			14,248.
3 Revenue less expenses. Subtract line 2 from line 1			-2,365.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	· · · ·   ———		<u>2,303.</u> 0.
5 Other changes in net assets or fund balances (explain in Schedule O)	<del></del>		0.
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		-2,365.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response to any question in this Part XII	<u> </u>		
1 Accounting method used to prepare the Form 990. X Cash Accrual Other	<u> </u>	_ [	Yes No
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
<b>b</b> Were the organization's financial statements audited by an independent accountant?		26	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?	ght of the audi	it, 2c	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we separate basis, consolidated basis, or both:		,	
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single	За	х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	he required au		
BAA			<b>990</b> (2010)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

2010

Open to Public Inspection

Employer Identification number

FR	ATERNAL ORDER OF THE EAGLES #20	112		82-0172388
_	rt I Organizations Maintaining Donor the organization answered 'Yes' to	<b>Advised Funds or Oth</b>	ier Similar Fur e 6.	nds or Accounts. Complete if
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)	<del> </del>		
3	Aggregate grants from (during year)			
4	Aggregate value at end of year		**	
5	Did the organization inform all donors and donor	or advisors in writing that th	e assets held in d	onor advised
6	funds are the organization's property, subject to	o the organization's exclusiv	e legal control?	Yes   No
	Did the organization inform all grantees, donors used only for charitable purposes and not for th purpose conferring impermissible private benef	ne benefit of the donor or do	onor advisor, or fo	r any other Yes No
Pa	rt II Conservation Easements. Comple	te if the organization a	enswered 'Yes'	to Form 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., re	creation or education)	Preservation	of an historically important land area
	Protection of natural habitat	·	Preservation	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservat	ion contribution in	the form of a conservation easement on the
		<del></del> -		Held at the End of the Tax Year
ě	Total number of conservation easements			2a
ı	Total acreage restricted by conservation easem	ents	,,,,,,,,,	2b
•	Number of conservation easements on a certifie	ed historic structure include:	d in (a)	2c
(	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, a	and not on a histo	ric 2d
3	Number of conservation easements modified, to tax year	ansferred, released, extingu	uished, or termina	ted by the organization during the
4	Number of states where property subject to con-	iservation easement is locat	ed •	_
5	Does the organization have a written policy regard enforcement of the conservation easements	arding the periodic monitoring it holds?	ng, inspection, ha	ndling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing	conservation ease	ements during the year
7	Amount of expenses incurred in monitoring, ins  • \$	pecting, and enforcing cons	ervation easemer	ats during the year
	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?			Yes   No
9	In Part XIV, describe how the organization reports of include, if applicable, the text of the footnote to conservation easements.	conservation easements in its the organization's financial	revenue and exper statements that of	nse statement, and balance sheet, and describes the organization's accounting for
Par	t III Organizations Maintaining Collect Complete if the organization answ	tions of Art, Historical ered 'Yes' to Form 990	Treasures, or ), Part IV, line	Other Similar Assets. 8.
1a	If the organization elected, as permitted under sart, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finance	SFAS 116 (ASC 958), not to held for public exhibition, ed ial statements that describe	report in its reve ducation, or resea s these items.	nue statement and balance sheet works of rch in furtherance of public service, provide,
b	If the organization elected, as permitted under shistorical treasures, or other similar assets held following amounts relating to these items:	for public exhibition, educa	tion, or research i	n furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, li			
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$
	If the organization received or held works of art, amounts required to be reported under SFAS 11	16 (ASC 958) relating to the	se items:	
а	Revenues included in Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			<b>&gt;\$</b>

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

Schedule D (Form 990) 2010

TEEA3301L 11/15/10

chedule D (Form 990) 2010 FRATERNAL OF			82-01			Pag
Part III Organizations Maintaining Col	lections of Art, Histo	orical Treasures, c	or Other Similar As	sets (c	ontin	ued)
3 Using the organization's acquisition, accessing items (check all that apply):	on, and other records, ch	eck any of the following	ng that are a significant	use of it	s colle	ction
a Public exhibition	<b>d</b> 🔲 Loan	or exchange programs	;			
b Scholarly research	e 🔲 Other					
c Preservation for future generations						
4 Provide a description of the organization's co Part XIV	·	-		ose in		
5 During the year, did the organization solicit of assets to be sold to raise funds rather than the solicit of the solicit	or receive donations of ar	t, historical treasures,	or other similar	□ van	ſ	ΠN
Part IV Escrow and Custodial Arrange 9, or reported an amount on Fo	ments. Complete if	organization answi				
1a Is the organization an agent, trustee, custod included on Form 990, Part X?	ian, or other intermediary	for contributions or of	ther assets not	Yes	[	
b If 'Yes,' explain the arrangement in Part XIV	and complete the follows	ing table:	<del></del>			
				Amoun	t	
c Beginning balance						
d Additions during the year			1d			
e Distributions during the year			<u>1e</u>			
f Ending balance			<u>1f</u>			
2a Did the organization include an amount on F	orm 990, Part X, line 21?	, 		Yes		N
b If 'Yes,' explain the arrangement in Part XIV	•					
art V Endowment Funds. Complete if	the organization ans	wered 'Yes' to Fo	rm 990, Part IV, lin	e 10.		
(a) Curre	nt year (b) Prior year	r (c) Two years bad	ck (d) Three years back	(e)	Four year	rs ba
a Beginning of year balance				7		
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships				1		
e Other expenditures for facilities and programs						
I Administrative expenses						
g End of year balance				T		
Provide the estimated percentage of the year	r end balance held as:					
a Board designated or quasi-endowment						
b Permanent endowment ►	<del>8</del>					
c Term endowment ► %						
Ba Are there endowment funds not in the posse	secion of the organization	that are held and adm	inictored for the			
organization by:	SSION OF THE OTGANIZATION	that are new and auth	initistered for the	ſ	Yes	I
(i) unrelated organizations			,,	. 3a(i)		
(ii) related organizations				. 3a(ii)		1
b If 'Yes' to 3a(ii), are the related organizations				. 3b		T
Describe in Part XIV the intended uses of the				<u> </u>		
art VI   Land, Buildings, and Equipmen						
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	alue
a Land						
<b>b</b> Buildings		490,000.			490	, 00
c Leasehold improvements						
d Equipment						
e Other						

Schedule D (Form 990) 2010 FRATERNAL ORDER O			72388 Page <b>3</b>
Part VII Investments-Other Securities. See F			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	tion: ket value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
<u>@</u>			
(Q			
Φ			
<u>(E)</u>			
£			
(G)			
(H)		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,
<u></u>			
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)			
Part VIII Investments-Program Related. (See	<del></del>		
(a) Description of investment type	(b) Book value	(c) Method of valua	
		Cost or end-of-year mar	ver Agine
(1)		<del></del>	
(3)			
(5)	<del></del>		<del></del>
(6)		<del></del>	
	<u> </u>		<del></del>
	<u> </u>		
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13 ) ►			
Part IX Other Assets. (See Form 990, Part X,		· · · · · · · · · · · · · · · · · · ·	······································
	scription		(b) Book value
_(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
	· · · · · · · · · · · · · · · · · · ·		
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column(B	3), line 15)		
Part X Other Liabilities. (See Form 990, Part			
(a) Description of liability	(b) Amount		
(1) Federal income taxes			
(2) MISC	505,85	<b>50.</b>	j
(3)			Ì
(4)			į
(5)			
(6)			
(8)			{
(9)			
(9) (10)			
(9) (10) (11)	505,85	0.	
(9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25)			reports the .
(9) (10) (11)		organization's financial statements that	reports the '

		5-01 i	2388	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII, column (A), line 12).			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1:			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4 through 8.		~_	
10				
_	A XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R		N/A	
	Total revenue, gains, and other support per audited financial statements		II/ A	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1		
	Net unrealized gains on investments.	4 [		
	Donated services and use of facilities	- 1		
	Recoveries of prior year grants	4 1		
	Other (Describe in Part XIV)	<del></del> -		
	Add lines 2a through 2d			
	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b 4a	J !		
	Other (Describe in Part XIV.)	JI		
	: Add lines 4a and 4b	4c		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Par	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per	· Retu	rn N/A	
1	Total expenses and losses per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	J J		
8	Donated services and use of facilities	J I		
t	Prior year adjustments	] [		
	Other losses	1 (		
c	Other (Describe in Part XIV.)	1I		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b			
t	Other (Describe in Part XIV.)	]		
•	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		
Par	t XIV   Supplemental Information			
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complet additional information.	', lines e this p	1b and 2b; part to provide	• 
				_

Schedule D (Form 990) 2010 FRATERNAL ORDER OF THE EAGLES #2012	82-0172388	Page 5
Schedule D (Form 990) 2010 FRATERNAL ORDER OF THE EAGLES #2012  Part XIV   Supplemental Information (continued)		
*		
	· · ·	
	~~~~~~~~~	
*****-******************************		

# SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

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.

Open to Public Inspection

Name of the organization	Employer Identification number
FRATERNAL ORDER OF THE EAGLES #2012	82-0172388
Form 990, Part VI. Line 11b - Form 990 Review Process	
No_review was or will be conducted.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
No documents available to the public.	
no documents available to the public.	