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efile GRAPHIC print - DO NOT PROCESS

A For the 2011 calendar year, or tax year beginning 06-01-2011

As Filed Data -

DLN: 93492288004032

D Employer identification number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

Short Form

(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

, and ending 05-31-2012

Open to Public **Inspection**

	ddress (change FRATERNAL ORDER OF EAGLES AERIE 53	1			47-0166070)
_	ame ch	italiasi alla sussi (si i si sisti	is not delivered to street address)	Room/su	ite E	Telephone r	
	ııtıal ret					(40)	2) 223-4230
_	eminat	d return City or town, state or country, and ZIP +	4		— —	Group Exem	ption
_		on pending BEATRICE, NE 68310				Number	F
				ı			
ΙWe	ebsite	ting method Cash Accrual Other (specified) N/A Specified Solution (specified) Solution (specified) Solution (specified) Solution (specified) Solution (specified)			required t	o attach S	organization is not chedule B or 990-PF)
	-EXEIII	pr status(check only one)—r 301(c)(3)r 301(c)(6)	misert no)	327			
norm <u>Instr</u> L Add	nally n uction lines 5	not more than \$50,000 A Form 990-EZ or Form ns) But if the organization chooses to file a retuing 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross Form 990 instead of Form 990-EZ	990 return is not required t n, be sure to file a complete	though F return	orm 990-N (e-	postcard) r	nay be required (see
Pa	rt I	,,				tructions fo	
		Check if the organization used Schedule O to r	, , ,	nis Part	I		<u></u>
	1	Contributions, gifts, grants, and similar amounts				1	2,593
	2	Program service revenue including government f	ees and contracts			2	3,148
	3	Membership dues and assessments		•		3	14,344
	4	Investment income				4	7
	5a	Gross amount from sale of assets other than inve	entory	5a			
Revenue	b	35		0			
eve.	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					
ď	6	Gaming and fundraising events					
	а	Gross income from gaming (attach Schedule G if greater the	an \$15,000)	6a	13	,909	
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)					
				6b		0	
	С	Less direct expenses from gaming and fundraisi	ng events	6 c	3	,837	
	d	Net income or (loss) from gaming and fundraising	; events (Add lines 6a and 6	b and s	ubtract line 6c)	6d	10,072
	7a	Gross sales of inventory, less returns and allowa	nces	7a	115	,354	
	ь	Less cost of goods sold		7b	57	,527	
	c	Gross profit or (loss) from sales of inventory (Su	btract line 7b from line 7a)			7c	57,827
	8	Other revenue (describe in Schedule O) .				8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a	nd 8			9	87,991
	10	Grants and similar amounts paid (list in Schedule	eO)		•	10	6,805
	11	Benefits paid to or for members				11	1,000
	12	Salaries, other compensation, and employee ben	efits			12	47,342
8 8 8	13	Professional fees and other payments to indepen	dent contractors			. 13	2,665
Expenses	14	Occupancy, rent, utilities, and maintenance .				. 14	9,240
Exp	15	Printing, publications, postage, and shipping				15	1,562
	16	Other expenses (describe in Schedule O) .			•	16	26,157
	17	Total expenses. Add lines 10 through 16 .		•		17	94,771
Þ	18	Excess or (deficit) for the year (Subtract line 17	from line 9)			. 18	-6,780
9.5	19	Net assets or fund balances at beginning of year	(from line 27, column (A)) (must ag	ree with		
Net.Assets		end-of-year figure reported on prior year's return)			19	115,907
ž	20	Other changes in net assets or fund balances (ex	kplaın ın Schedule O) .			. 20	
	21	Net assets or fund balances at end of year Com	oine lines 18 through 20	<u> </u>	<u></u> . ►	21	109,127

Check if the organization used	l Schedule O to respond to	any question in t	hıs Part II			
(See the instruc	tions for Part II)		(A) Beginnin	n of vear		(B) End of year
22 Cash, savings, and investments .	,		(M) Beginnin	30,274	22	5,635
23 Land and buildings				137,882		151,863
24 Other assets (describe in Schedule O)			20,500	+ +	18,721
25 Total assets	,	•		188,656	-	176,219
26 Total liabilities (describe in Schedule	0)			72,749	-	67,092
27 Net assets or fund balances (line 27 o	•	th line 21)		115,907		109,127
Part III Statement of Program					1 1	Expenses
Check if the organization used	-		hıs Part III	. [quired for section 501 (3) and 501(c)(4)
THE FRATERNAL ORDER OF EAGLES IS FRATERNALLY IN THE SPIRIT OF LIBER MORE DESIRABLE BY LESSENING ITS I HOPE Describe the organization's program service measured by expenses In a clear and conbenefited, and other relevant information for	TY, TRUTH, JUSTICE, AN LLS AND PROMOTING PE ce accomplishments for eaccise manner, describe the s	D EQUALITY, TO ACE, PRO SPERI ch of its three larg	MAKE HUMAI TY, GLADNESS gest program se	N LIFE S AND ervices, as	494 opt	anizations and section 47(a)(1) trusts, ional for others)
28 YOUTH BASEBALL PROGRAM (Grants \$) If the	s amount includes foreign	grants shack har	-a	<u> </u>	20-	
29	amount includes loreign	grants, check her	<u> </u>	-	28a	
(Grants \$) If the 30	s amount includes foreign	grants, check her	re	<u>►</u> ┌	29a	
(Grants \$) If th	s amount includes foreign	grants, check her	e	► F	30a	
31 O ther program services (describe in Sc (Grants \$) If th	hedule O) s amount includes foreign	 grants, check her	 e	• ┌	31a	
32 Total program service expenses (add lin				.▶	32	
Part IV List of Officers, Directors, Tru			=	(See the ins	struction	ns for Part IV)
Check if the organization used	(b) Title and average	(c) Compensa		ontribution	c to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid enter -0)	d, employe	e benefit p d compens	lans &	
See Additional Data Table						

Form	990-EZ (2011)			Page
Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy			No
	of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	Yes	
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b	Yes	
c	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions - 37a			
	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
-10u	section 4911 , section 4912 , section 4915			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	100		
d	disqualified persons during the year under sections 4912, 4955, and 4958 •			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 📂			
42a	The organization's books are in care of Parking RICHARD GENRICH Telephone no	► <u>(40</u>	2)223	-4230
	PO BOX 33 Located at BEATRICE, NE ZIP + 4	<u>6</u>	8310	
b	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	l-	Yes	No
	account)?	42b		No
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		No
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ 「
44-	Did the construction would be added to the construction of the con		Yes	No
44 a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
b	Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	44a		No
c	Instead of Form990-EZ Did the organization receive any payments for indoor tanning services during the year?	44b		No
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation	44c		No
	ın Schedule O	44d		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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,' Form 990 and Schedule R may need to be completed instead of Form990-EZ (see instructions)	45b		No

Form	990-E	Z (2011)							Page 4
46		e organization engage, directly dates for public office? If "Yes,"			n behalf of or	ın opposition to	46	Yes	No
Par	t VI	Section 501(c)(3) orga All section 501(c)(3) organ 47-49b and 52.	nizations and sect	ion 4947(a)(1) no	-			_	No stions
		Check if the organization used	d Schedule O to respond	to any question in this	s Part VI				
								Yes	No
47		e organization engage in lobbyir s," complete Schedule C, Part I		ection 501(h) election	ın effect durı	ng the tax year?	47		
48	Is the	organization a school described	d in section 170(b)(1)(A	(II)? If "Yes," complete	e Schedule E		48		
49a	Did th	e organization make any transfe	ers to an exempt non-ch	arıtable related organız	zation?		49a		
b	If"Ye	s," was the related organization	a section 527 organiza	tion?			49b		
50	Comp	lete this table for the organization	on's five highest compe	nsated emplovees (oth	er than office	rs, directors, tru	stees a	nd kev	
		yees) who each received more t	han \$100,000 of comp	ensation from the organ	nization Ifth	ere is none, ente	r "Non	e "	
(a)		and address of each employee d more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	n employee	ntributions to e benefit plans & I compensation	a	e) Expe ccount er allow	and
NON	E								
f	Tota	I number of other employees pa	ıd over \$100,000 .						
51		lete this table for the organization opensation from the organization			ntractors who	each received r	nore th	an \$10	0,000
	(a) Na	me and address of each indepe	ndent contractor paid m	ore than \$100,000	(b) Ty	pe of service	(c) (ompen	sation
NON	E								
d		I number of other independent c				i i i i i i i i i i i i i i i i i i i			
52		the organization complete Sche st attach a completed Schedule						aritable Yes	
Under	r nenalt	ies of perjury, I declare that I have	e evamined this return in	cluding accompanying se	chedules and	statements and to	n the he	est of my	,
know		nd belief, it is true, correct, and co							
Sign		****** 2012-10-11 Signature of officer Date							
Here	e	RICHARD GENRICH Secretary Type or print name and title							
		<u>, , , , , , , , , , , , , , , , , , , </u>	I,	Date (Check If	Preparer's taxpa	ver ident	ification	number
Paid		Preparer's signature Barbara L Johnsen Barbara L Johnsen Date Check if Preparer's taxpayer (See instructions)							
Prepa	arer's		Meyer & Associates PC						
Use (e Only if self-employed), address, and ZIP + 4 115 N 25th St PO Box 574				_ EIN I				
		Beatrice, NI	E 68310			Phone no 🕨 (4			
Mayt	the IRS	discuss this return with the pre	eparer shown above? Se	e instructions		•	<u> </u>	es 🗆	No

Additional Data

Software ID: 11000144

Software Version: 2011v1.2

EIN: 47-0166070

Name: FRATERNAL ORDER OF EAGLES AERIE 531

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ot her allowances
DENNIS BLEDSAW PO BOX 33 BEATRICE,NE 68310	Trustee 6 00	275		
NICHOLAS VRTISKA PO BOX 33 BEATRICE,NE 68310	Trustee 6 00	1,100		
LO WELL EISENHAUER PO BOX 33 BEATRICE, NE 68310	Trustee 6 00	1,100		
LO WELL RAHE PO BOX 33 BEATRICE, NE 68310	Treasurer 2 00	308		
RICHARD GENRICH PO BOX 33 BEATRICE, NE 68310	Secretary 30 00	1,987		
JAMES BAILEY PO BOX 33 BEATRICE, NE 68310	Vice President 1 00	15		
JIM BEAVERS PO BOX 33 BEATRICE, NE 68310	President 1 00	15		

DLN: 93492288004032

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization FRATERNAL ORDER OF EAGLES AERIE 531

Employer identification number

47-0166070

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1007	Total Liabilities 1007	Secured Mortgages and Notes Payable - Beginning \$72749 Secured Mortgages and Notes Payable - Ending \$67092
Form 990-EZ, Part II, Line 24 1	Other Assets 1	OFFICE SUPPLIES INVENTORY - Beginning \$550 OFFICE SUPPLIES INVENTORY - Ending \$500
Form 990-EZ, Part II, Line 24 1010	Other Assets 1010	Inventories - Beginning \$2800 Inventories - Ending \$3710
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$17150 Machinery and Equipment - Ending \$14511
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	BAD DEBTS \$28
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	TAXES-OTHER \$100
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	DELEGATE FEES \$185
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	MEMBERSHIP DUES \$447
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	MAINTENANCE & REPAIRS \$853
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	TAXES-REAL ESTATE \$855
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	CREDIT CARD FEES \$903
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	LICENSES \$1356
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	BASEBALL \$1810
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	MISCELLANEOUS EXPENSE \$1884
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	ENTERTAINMENT \$2208
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	SUPPLIES \$2812
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$994
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$6265
Form 990-EZ, Part I, Line 16 1008	Other Expenses 1008	Interest \$4562
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$895

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 10 6	Grants and Similar Amounts Paid In Excess of \$5,000 6	Class of Activity FRATERNAL ORGANIZATION Donee's Name GRAND AERIE, F O E Donee's Address 1623 GATEWAY CIRCLE SO GROVE CITY, OH 43123 Relationship of Donee NATIONAL ORGANIZATION Cash Amount Given \$5920