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INED 0CT 0 1 2012

Form **990**

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u> </u>	F 4 0	044		to to doo a copy of time retains					00 12		
			ndar year, or tax year beginnin		2011, ar	nd ending	IV	lay	, 20 12		
В	Check if ap	-		Order of Eagles Aerie 610				D Employer identification number			
\sqcup	Address ch	nange	Doing Business As						73-0451144		
	Name char	nge	Number and street (or P O box if n	mail is not delivered to street addres	ss)	Room/suite		E Telepho	ne number		
	Initial retur	n	110 W 2nd St						918-336-4148		
	Terminated	i	City or town, state or country, and	ZIP + 4							
	Amended r	eturn	Bartlesville, OK 74003					G Gross re	eceipts \$	131409	
\square	Application	pendina	F Name and address of principal office	cer Scott Norfleet, Secretar	гу		H(a) Is this	a group return	for affiliates? Yes	✓ No	
	• •		4908 Baylor Dr., Bartlesville, O	K, 74006	_				ncluded? Yes	_	
<u> </u>	Tax-exemp	nt status	501(c)(3)		1/11 or [527			list (see instruction		
<u>.</u>	Website:		<u> </u>	, , , , , , , , , , , , , , , , , , , ,	,,(,, o. L		-		n number ▶		
ĸ			✓ Corporation ☐ Trust ☐ Associ	ıatıon ☐ Other ►	I Year	of formation			of legal domicile	ОК	
_	art I	Summ			1 = 100.	OI IOIIIIQUOI		1 0	Or regar definions		
•		_	escribe the organization's mis	eion or moet eignificant acti	ivitios:	We are a	People H	alning Do	nnle organizatio		
	1	-	-	-						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Se			de assistance to local police ar		ate to st	ate and no	ational org		projects.		
Jan		o do trii	s, we run bingo three nights ea								
Governance	:										
Š	1		is box ▶☐ If the organization	·		posed of	more thar	1 1	its net assets.		
æ	1		of voting members of the gov	• • • • • • • • • • • • • • • • • • • •	•					5	
es	1		of independent voting membe			•				0	
Activities &			mber of individuals employed	<u>-</u>	V, line	2a) .		5		0	
Ę	6 T	otal nur	mber of volunteers (estimate if	f necessary)				6		300	
~	7a ⊤	otal unr	elated business revenue from	Part VIII, column (C), line 1	2 .			7a		0	
	b N	let unre	lated business taxable income	e from Form 990-T, line 34				7b		0	
							Prior Ye	ar	Current Y	ear	
e)	8 0	ontribu	tions and grants (Part VIII, line	e 1h)		\square		6136		4951	
Revenue			service revenue (Part VIII, line	-							
		_	ent income (Part VIII, column (•				1394		1226	
æ			venue (Part VIII, column (A), lir					142151		125232	
			enue—add lines 8 through 11 (149681		131409	
_	+		nd similar amounts paid (Part					31177		36188	
			paid to or for members (Part I			· ·		12854		21803	
	45 0		•	• • •	 Linna E			28732		27661	
Expenses	15 S		other compensation, employee					20/32		2/001	
ë	16a F	roiessi	nal fundraising feesi(Part IX,	cpiumn (A), line I Ie)			Market Control	Yellesi (Mari a	MANUAL CARRESTIN	TOTA Mar 1 Bost	
Š	b T		draising expenses (Part IX, co			B	Markey !				
	111		perses (Part IX, column (A)			• • -		59956		67210	
	18 T	otal exp	enses. Add in es 131-107 (mus	t equal Part IX, column (A),	line 25)	·		132719		152862	
		Revenue	less expenses. Subtract lin	1B from line 12				16962		-21453	
9	3		OGDEN LIT			Be	ginning of Cu	rrent Year	End of Ye	ar	
Net Assets or	20 T		lets (Part-X;-fine-16)	┛				2013660		2053714	
Z AS	21 T	otal liab	oilities (Part X, line 26)			· · L					
2.	22 1	let asse	ts or fund balances. Subtract	line 21 from line 20				2013660		2053714	
P	art II	Signa	ture Block								
Ur	nder penalti	es of perju	iry, I declare that I have examined this	s return, including accompanying so	chedules	and stateme	ents, and to t	he best of r	ny knowledge and	belief, it is	
tru	ue, correct, a	and comp	lete Declaration of preparer (other tha	an officer) is based on all information	n of which	h preparer h	as any know	ledge			
			KAM					9-18-	-12		
Sig	gn	Sign	ature of officer				Da	ite			
	ere										
		Type	e or print name and title	-			,				
_		<u>, </u>	pe preparer's name	Preparer's signature		Date		T 01	PTIN		
	aid		•					Check self-em			
	eparer	F		<u> </u>	··· -		1_				
Us	se Only			 				n's EiN ▶			
N 4 -	w the IDC		eddress	chown above? (eee restrict	ations)		[Pho	one no	Пи		
_			s this return with the preparer		Juons)					s No	
Ea-	r Danares	w Dodu	ction Act Notice see the senar	nto inctructions		Cat No.	11202		Eorm (990 (2011)	

) (Revenue \$

(Expenses \$

Other program services (Describe in Schedule O.)

including grants of \$

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_		
_	complete Schedule A	1		√
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		√
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
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.			
а	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	√	
	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
	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
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		√
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	L	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
		For	m 99 ((2011

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
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		1
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		1
	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		1
d 25a	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? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		₹
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
. 27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	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? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
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? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	_	✓

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Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			П
	Office It Schedule O contains a response to any question in this rant v		Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			i
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
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)			<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		<u> </u>
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.			
E 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		-
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		/
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		' -
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
		7c		
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
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	l		
	organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			.
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	ļ.—
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
ь 11	Section 501(c)(12) organizations. Enter:	1		
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ		
а	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.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			1
_	the organization is licensed to issue qualified health plans	-		
142	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	1
14a b	Market Barrier	14b	 	+*
	ii 100, has it iilos a i oiti 120 to iopoit iiloso paymonto ii 110, biovide an explanation ii denedale o			

Form 99				age o
Part \				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
04	Check if Schedule O contains a response to any question in this Part VI		•	<u> </u>
Section	on A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 5	\vdash	163	
1a	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	i l		
	any other officer, director, trustee, or key employee?	2		√ _
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓_
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓ _
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		,	
L	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	✓	
b	stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.5		
_	the year by the following:			
а	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b	√	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	_	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110	V	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		/
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		/
14	Did the organization have a written document retention and destruction policy?	14		✓_
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a	The organization's CEO, Executive Director, or top management official	15a 15b		√
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		V
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," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	<u>_</u>		
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶		- \/2\	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 1024 if applicable), 990, 990, 990, 990, 990, 990, 990, 99	n 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	of into	roet -	oliov
19	and financial statements available to the public during the tax year.	n nite	cor þ	oncy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	,	
	organization: ► Scott Norfleet, 110 W 2nd St, Bartlesville, OK			

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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 V	Н.	

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	r any relate	d org	<u>aniz</u>	atio	n c	<u>omp</u> e	nsa	ited any currer	t officer, director	, or trustee.
					C)					
(A) Name and Title	(B) Average hours per	box,	unles	neck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) David Mogus										
Worthy President	5			1						30
(2) Lester Ropp										
Worthy Vice President	5			1						30
(3) David Johnson										
Junior Past Worthy President	5	✓		1						30
(4) Scott Norfleet										
Secretary	30	✓		✓				4059		
(5) Mike Chuleewah										
Treasurer	10			✓						360
(6) Oscar Boyd										
Trustee	5	✓		✓						30
(7) Lee Tevebaugh										
Trustee	5	✓		✓						30
(8) Michael Tom										
Trustee	5	✓		✓						30
(9) Stan Norfleet										-
Auditor	10			✓						240
(10)										
(11)										
(12)	-									
(13)	-			-						
(14)						-		-		

	(A)	(B)			(C Posi	•							
	(A)	(B)			POSI								
		, ,	(do n				than c	ne	(D)	(E)		(F)	
	Name and title	Average					is both		Reportable compensation	Reportable compensation from	1	stimated mount c	
		hours per week			_		or/trust		from	related	•	other	J1
		(describe	or di	nstıt	Officer	Key	anpl High	Former	the	organizations (W-2/1099-MISC)		npensat from the	
		hours for related	rect	iutio	Φ	employee	est o	ब्	organization (W-2/1099-MISC)		1	ganızatı	
		organizations	or al tr	nal :		oloye	e		ĺ			nd relate	
		in Schedule 1	Individual trustee or director	Institutional trustee		ď	pens				Org	ganızatıc	วกร
		,	Ψ	iee			Highest compensated employee						
(15)				\vdash			<u> </u>				<u> </u>		
(13)													
(16)											<u> </u>		
(10)							'						
(17)	<u>-</u>							-					
<u> </u>													
(18)		-				_		<u> </u>			 		
1			}										
(19)													
<u>,</u>							1						
(20)													
)/													
(21)													
·								}					
(22)													
]											
(23)													
(24)													
						_							
(25)													
			<u></u>					<u> </u>			ļ		
1b	Sub-total			•	•			•	4059		ļ		780
С	Total from continuation sheets to Part			•	•				0	 	1		0
<u>d</u>		· · · ·						<u> </u>	4059		1		780
2	Total number of individuals (including but			ose	e list	ted	above	e) w	no received m	ore than \$100,0	00 of		
	reportable compensation from the organi	zation > 0										Ye	s No
3	Did the organization list any former of	ficor direc	tor c	ar tr	net	00	kov (amr	Novee or high	neet compensat	-ed [1 Te	SINO
3	employee on line 1a? If "Yes," complete							21114	hoyee, or riigi	iest compensa	******	3	
	For any individual listed on line 1a, is the								nd other com	oncation from	_	' —	
4	organization and related organizations												ļ
	Individual											<u>-</u> -	1
5	Did any person listed on line 1a receive of	r accrue c	ompe	nsai	tion	fro	m anv	. ur	related organi	zation or individ		+-	╅
3	for services rendered to the organization											5	- <i>j</i>
Section	on B. Independent Contractors					-			· · · · · · · · · · · · · · · · · · ·				. l. v
1	Complete this table for your five highest	compensat	ed in	den	end	lent	contr	act	ors that receive	ed more than \$	00.000	of	
·	compensation from the organization. Repyear.												tax
	(A) (B)										(C)		
	Name and business add	Iress						L	Description of s	services	Comp	ensation	n
								Ĺ					
								Ĺ					
	Total number of independent contractor												

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
nts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 495	51			İ
S, E	С	Fundraising events 1c				
ar /	d	Related organizations 1d	7		:	
s, C	е	Government grants (contributions) 1e				
ion Si	f	All other contributions, gifts, grants,				
but		and similar amounts not included above 1f				
nti d	g	Noncash contributions included in lines 1a-1f: \$				
a Co	h	Total. Add lines 1a–1f	4951			
ue		Business Code	•			
ven	2a					
Re	b					
vice	С					
Sen	d					
E	е					
Program Service Revenue	f	All other program service revenue.				
<u> </u>	g	Total. Add lines 2a–2f ▶		ļ		<u> </u>
	3	Investment income (including dividends, interest				
		and other similar amounts)	1226			
	4	Income from investment of tax-exempt bond proceeds	•		_	
	5	Royalties	•			
	_ ا		_			i
	6a	GI GGG TGI II.	-			
	b	Less. rental expenses 1208 Rental income or (loss) 7094	-			
	d	Net rental income or (loss)	7094	<u> </u>		
	7a	Gross amount from sales of (i) Securities (ii) Other				
	'-	assets other than inventory	7			
	b	Less: cost or other basis	\dashv			
		and sales expenses .				,
	c	Gain or (loss)				·
	d	Net gain or (loss)	•			
ø.						
	8a	Gross income from fundraising				
Š		events (not including \$			1	
Other Revenu		of contributions reported on line 1c).				!
je		,	36			'
ᅙ		Less: direct expenses b	<u> </u>			
		Net income or (loss) from fundraising events .	436) 		,
	9a	Gross income from gaming activities. See Part IV, line 19 a 2443	4.4			
	١.					
	1	Less: direct expenses b 1206 Net income or (loss) from gaming activities >	_			
	10a	Gross sales of inventory, less	123049	<u>'</u>		
	IUa	returns and allowances a 40	00			
	ь	Less: cost of goods sold b 99				
	C	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Cod		1	 	
	11a					
	b			 		
	c					
	d	All other revenue				
	e	Total. Add lines 11a–11d	·			
	12	Total revenue. See instructions	131409)		

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).

Check if Schedule O contains a response to any question in this Part IX									
	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21	32590							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	3598							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	21803 4086							
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	23575							
9 10 11	Other employee benefits								
a b c	Management	46 581 2100							
d e	Lobbying								
f g	Investment management fees Other	850							
12 13 14	Advertising and promotion	231 16312							
15 16	Royalties	35555							
17 18	Travel	133							
19 20	Conferences, conventions, and meetings . Interest	6173							
21 22	Payments to affiliates								
23 24	Insurance	5229							
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
a b									
c d									
25 26	All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	152862							
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here								

	990 (20	<u> </u>			Page 11
P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2455	1	2205
	2	Savings and temporary cash investments	94237	2	73313
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 763702			
	b	Less: accumulated depreciation 10b	696702	10c	763702
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	1220266	12	1214494
	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)	2013660	16	2053714
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
a b i		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
es		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets		27	
3al	28	Temporarily restricted net assets		28	·
ğ	29	Permanently restricted net assets		29	
٦		Organizations that do not follow SFAS 117, check here ▶ ☑ and			
		complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds	96692	30	75518
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	696702	31	763702
As	32	Retained earnings, endowment, accumulated income, or other funds.	1220266	32	1214494
Net	33	Total net assets or fund balances	2013660	33	2053714
	34	Total liabilities and net assets/fund balances	2013660	34	2053714

Page	12

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	· ·	
1	Total revenue (must equal Part VIII, column (A), line 12)		13	31409
2	Total expenses (must equal Part IX, column (A), line 25)		15	52862
3	Revenue less expenses. Subtract line 2 from line 1		-2	21453
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		201	13660
5	Other changes in net assets or fund balances (explain in Schedule O)		•	51507
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		205	53714
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u></u>		
			Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	n		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		1
b	Were the organization's financial statements audited by an independent accountant?	. 2b		✓
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	n		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	e		!
	issued on a 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 in	n		
	the Single Audit Act and OMB Circular A-133?	. <u>За</u>		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		<u> </u>
		Forr	n 990	(2011)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service

Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

Fraterr	al Order of Eagles Aerie 610		73-0451144
Par		or Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to F		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4 5	Aggregate value at end of year Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
3	funds are the organization's property, subje		
6	Did the organization inform all grantees, do	_	
•	only for charitable purposes and not for the		
		<u> </u>	
Part	Conservation Easements. Comp	lete if the organization answered "Yes	" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g.,	· · · · · · · · · · · · · · · · · · ·	
	Protection of natural habitat	☐ Preservation	of a certified historic structure
_	Preservation of open space	tion hold a gualified concentation contribut	tion in the form of a concentation
2	Complete lines 2a through 2d if the organiza easement on the last day of the tax year.	mon heid a qualified conservation contribut	don'n the form of a conservation
	casement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation eas		
C	Number of conservation easements on a ce		
d	Number of conservation easements include	led in (c) acquired after 8/17/06, and no	t on a
	historic structure listed in the National Regis		
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	rminated by the organization during the
	tax year •		
4	Number of states where property subject to Does the organization have a written po		epoction handling of
5	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor		
•		ming, moposing, and omersing concernant	caccine no caimig and year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ear	sements during the year
	▶\$		
8	Does each conservation easement reported	• • • • • • • • • • • • • • • • • • • •	s of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(II)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIV, describe how the organization re		
	balance sheet, and include, if applicable, the organization's accounting for conservation of		imanciai statements that describes the
Part		ections of Art, Historical Treasures, o	or Other Similar Assets.
		vered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted un	der SFAS 116 (ASC 958), not to report in i	its revenue statement and balance sheet
	works of art, historical treasures, or other		
	public service, provide, in Part XIV, the text		
b	If the organization elected, as permitted u		
	works of art, historical treasures, or other public service, provide the following amoun		education, or research in furtherance of
	,	•	▶ •
	(i) Revenues included in Form 990, Part VII(ii) Assets included in Form 990, Part X	, iiie i	> \$
2	If the organization received or held works	of art, historical treasures, or other simil	ar assets for financial gain, provide the
-	following amounts required to be reported u		
а	Revenues included in Form 990, Part VIII, lir	•	
	Assets included in Form 990. Part Y		• • •

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	, or Ot	her Similar A	ssets (contin	ued)
3	Using the organization's acquisition, collection items (check all that apply):	•	ther reco	ords, chec	k any of th	e follov	ving that are a	significa	ant use	of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je prog	rams			
b	☐ Scholarly research		е	☐ Other	r <u></u>					
С	☐ Preservation for future generations	\$								
4	Provide a description of the organization	tion's collections a	and expl	ain how t	hey further	the org	anization's exe	empt pu	rpose i	n Part
	XIV.									
5	During the year, did the organization									
	assets to be sold to raise funds rather			-					Yes [
Part	IV Escrow and Custodial Arra	angements. Co	mplete	if the org	anization a	answe	red "Yes" to F	orm 99	0, Par	t IV,
	line 9, or reported an amour									
1a	Is the organization an agent, trustee									
	included on Form 990, Part X?							. 🗆	Yes [] No
b	If "Yes," explain the arrangement in P	art XIV and compl	ete the f	ollowing t	able:					
								Amount		
С	Beginning balance					10	:			
d	Additions during the year					10				
е	Distributions during the year					1e				
f	Ending balance					1 f				
2a	Did the organization include an amoun	·	art X, lin	e 21? .				. Ц	Yes [」No
	If "Yes," explain the arrangement in P				// U. F					
Par	V Endowment Funds. Compl									
	Destruite of a substance	(a) Current year	(6) Pi	or year	(c) Two year	's back	(d) Three years ba	CK (e) F	our years	Dack
1a	Beginning of year balance				<u> </u>					
b	Contributions			 	<u> </u>					
С	Net investment earnings, gains, and losses									1
d e	Grants or scholarships Other expenditures for facilities and									
C	programs									
f	Administrative expenses									
g	End of year balance		-							
2	Provide the estimated percentage of t	the current vear er	ı ıd balanı	ce (line 10	column (a)) held	as:			
a	Board designated or quasi-endowmen			91 01111) 00	,, 001a11111 (a)	,,, 11010				
b	Permanent endowment ►	%	/ 0							
	Temporarily restricted endowment ▶									
_	The percentages in lines 2a, 2b, and 2		00%.							
3a	Are there endowment funds not in the			ization tha	at are held	and ad	ministered for	the		
	organization by:	·	_						Yes	No
	(i) unrelated organizations							. 3a	(i)	
	(ii) related organizations							. 3a(ii)	
b	If "Yes" to 3a(ii), are the related organ							. 3Ł)	
4	Describe in Part XIV the intended uses	s of the organization	on's end	owment f	unds.					
Part	VI Land, Buildings, and Equip	ment. See Forn	n 990, F	art X, lin	e 10.					
	Description of property	(a) Cost or of		1 ' '	or other basis other)		Accumulated epreciation	(d) E	Book valu	ie
	Land			 						
b	Buildings			† · · · ·			-		 6	96702
c	Leasehold improvements			†						
d	Equipment			†						67000
e	Other			<u>† </u>						
	Add lines 1a through 1e (Column (d) n		90 Part	X column	1/R) line 10)(c))	-		7	63702

Part VII Investments—Other Securities.	See Form 990. Part X.	ine 12.	rage C
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financial derivatives	1214494	End of Year	
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			 .
(E)			
(F)			
(G)			
(H)			
(I) Table (2) - (1) - (2) - (2) - (3	404404		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1214494	line 12	
Part VIII Investments – Program Related		· · · · · · · · · · · · · · · · · · ·	
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)			
(2)		-	
(3)			
(4)			
(5)			· · · · · · · · · · · · · · · · · · ·
(6)			
(7)			
(8) (9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Pa	rt X. line 15.		
) Description	· ·	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	=		
(7)	· · · · · · · · · · · · · · · · · · ·		
(8)			
(9)			· - ·· <u> </u>
(10)	-1 (D) (45)		
Total. (Column (b) must equal Form 990, Part X, co		<u> </u>	
Part X Other Liabilities. See Form 990, 1. (a) Description of liability	(b) Book value	I	
(1) Federal income taxes	(b) book value		
(2)			
(3)			
(4)	<u> </u>		
(5)			
(6)			
(7)			
(8)	-		
(9)			
(10)		1	
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		1	
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide	the text of the footnote to	the organization's financial stateme	ents that reports the
organization's liability for uncertain tax positions un			•

Page	4

	XI Reconciliation of Change in Net Assets from Form 990 to Au			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	131409
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	152862
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	-19453
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	0
9 10	Total adjustments (net). Add lines 4 through 8		9 10	-19453
Part			1	
1	Total revenue, gains, and other support per audited financial statements		1	131409
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		<u> </u>	10.100
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c	-	
d	· · ·	2d	-	
e	Add lines 2a through 2d		2e	-
3	Subtract line 2e from line 1		3	+
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<u> </u>	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b	_	}
c			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			131409
	XIII Reconciliation of Expenses per Audited Financial Statem			eturn
1				152862
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	┪	
c	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	152862
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
C	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	152862
Part	XIV Supplemental Information			
Part \any a	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, dditional information.	lines 2d and 4b. Also co	mplete	this part to provide

Schedule D (Fo	rm 990) 2011	Page 5
Part XIV	Supplemental Information (continued	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 73-0451144 Fraternal order of Eagles Aerie 610 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e ☐ Solicitation of non-government grants ☐ Internet and email solicitations ☐ Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events ☐ In-person solicitations

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund custody or contribu	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No			
2							
3	-					***	
4							
5			-				
6							
7							
8							
9							
10						<u>-</u>	
Total 3	List all states in which the organization or licensing.	anızation is regi	stered or lice	. ► ensed to s	solicit contribution	ns or has been notifi	ed it is exempt from
		_					

Cat No 50083H

Pa	rt	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
		gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
<u>o</u>			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
Be∖	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Oirect Expenses	7	Food and beverages				-
Direc	8	Entertainment				
	9	Other direct expenses .				
Pa	10 11 rt III	Direct expense summary. Ac Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9	e organızation answei	olumn (d) nd line 10 red "Yes" to Form 990		reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue	214041	30270		244311
ses	2	Cash prizes	36514	10704	:	47218
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs	33324			33324
	5	Other direct expenses .	31215	8905		40120
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		(120662)
	8_	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7		123649
	a Is	nter the state(s) in which the or the organization licensed to o "No," explain:		in each of these states		🗹 Yes 🗌 No
10		/ere any of the organization's g	gamıng licenses revoked	l, suspended or termina	ted during the tax year	? . 🗌 Yes 🗹 No

Schedu	le G (Form 990 or 990-EZ) 2011				Pa	ige 3
11 12	Does the organization operate gaming activities with nonmembers?			Yes Yes		
13	Indicate the percentage of gaming activity operated in:		_			
а		13a			100	%
b	An outside facility	13b			0	%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and				
	Name Scott Norfleet		-			
	Address ► 110 W 2nd St, Bartlesville, OK 74003					
15a	Does the organization have a contract with a third party from whom the organization receives garevenue?			Yes		No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	ie				
	amount of gaming revenue retained by the third party ► \$					
С	If "Yes," enter name and address of the third party:					
	Name ►					
	Address ►					
16	Gaming manager information:					
	Name ► Scott Norfleet					
	Gaming manager compensation ▶ \$0					
	Description of services provided Inventory management, general gaming activities				••	
	✓ Director/officer					
17	Mandatory distributions:					
а	Is the organization required under state law to make charitable distributions from the gaming proceed	ds to				
	retain the state gaming license?			Yes	\checkmark	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year > \$	ns or				
Part	Supplemental Information. Complete this part to provide the explanations required by F columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. All part to provide any additional information (see instructions).				nis	
	······································			••		

SCHEDULEI (Form 990)

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

OMB No 1545-0047 20

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service	sury	,		► Attach to Form 990.	Form 990.			dsul	Inspection
Name of the organization	ilon			Te.				Employer identification number	nber
Fraternal Order of	Fraternal Order of Eagles Aerie 610							73-0451144	
Part Gen	General Information on Grants and Assistance	n on Grants and	1 Assistance						
	Does the organization maintain records to substantiate the are selection criteria used to award the grants or assistance?	ain records to sub award the grants	ostantiate the amoi or assistance?	unt of the grants or	r assistance, the c	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	the grants or assist	ance, and	%
2 Describe I	Describe in Part IV the organization's procedures for monitoring the use or grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States.	ssistance to Gc	res for monitoring	The use or grant in Organizations	in the United St	tates. Complete if	Complete if the organization answered "Yes"	answered "Yes"	
to F.	to Form 990, Part IV, line 21, for any recipient that rec Part II can be duplicated if additional space is needed	line 21, for any sted if additional	recipient that rec	seived more than	35,000. Check		recipient received	more than \$5,000.	∑
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	if grant nce
(1)									
(2)									
(3)								į	
(4)									
(2)									
(9)									
(2)									
(8)									
(6)									
(10)									
(11)									
(12)									
2 Enter tota	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	n 501(c)(3) and go	wernment organize	ations listed in the	line 1 table			A A	0
For Paperwork Re	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruction	ns for Form 990.			Cat. No. 50055P		Schedule I (Form 990) (2011)	m 990) (2011)

Page 2

Schedule I (Form 990) (2011)

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Part III ß N က 4 ဖ

Schedule I (Form 990) (2011)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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
Employer identific	ation number

Fraternal Order of Eagles Aerie 610	73-0451144
Form 990 Part VI Line 6 - We have 300 members	
Form 990 Part VI Line 7a - An election is held the last Thursday in April to elect Officers for the comin	g year. All members that have properly
paid dues are eligible to vote.	
Form 990 Part VI Line 7b - Members have the right to vote upon the issuance of checks	
Form 990 Part XI Line 5 - Includes unrealized gain/loss, added furniture and fixtures	
<u></u>	
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Schedule O (Form 990 or 990-EZ) (2010)	P	2age 2
Name of the organization	Employer identification number	
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