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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)
► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

OMB No. 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning <u>June 1st</u> , 2008, and ending <u>May 31</u> , 2009								
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	<table border="1"><tr><td rowspan="3">Please use IRS label or print or type. See Specific Instructions.</td><td>C Name of organization <u>Fraternal Order of Eagles Auxiliary</u></td><td>D Employer identification number <u>2317149784</u></td></tr><tr><td>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>P.O. Box 362</u></td><td>E Telephone number <u>(360) 425-8330</u></td></tr><tr><td>City or town, state or country, and ZIP + 4 <u>Kelso WA 98626</u></td><td>F Group Exemption Number </td></tr></table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>Fraternal Order of Eagles Auxiliary</u>	D Employer identification number <u>2317149784</u>	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>P.O. Box 362</u>	E Telephone number <u>(360) 425-8330</u>	City or town, state or country, and ZIP + 4 <u>Kelso WA 98626</u>	F Group Exemption Number
Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>Fraternal Order of Eagles Auxiliary</u>		D Employer identification number <u>2317149784</u>					
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>P.O. Box 362</u>		E Telephone number <u>(360) 425-8330</u>					
	City or town, state or country, and ZIP + 4 <u>Kelso WA 98626</u>	F Group Exemption Number 						

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ►

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one)— ☐ 501(c) (10) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	3279
	2	Program service revenue (including government fees and contracts)	2	
	3	Membership dues and assessments	3	6581
	4	Investment income	4	2624
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☒		
	6a	Gross revenue (not including \$ 3279 of contributions reported on line 1)	6a	186,942
6b	Less: direct expenses other than fundraising expenses	6b	129,879	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	57,063	
7a	Gross sales of inventory, less returns and allowances	7a	4244	
7b	Less: cost of goods sold	7b	1734	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	2510	
8	Other revenue (describe ► <u>door prize drawings & bazaar</u>)	8	814	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	72,871	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	42,809
	11	Benefits paid to or for members	11	245
	12	Salaries, other compensation, and employee benefits	12	4385
	13	Professional fees and other payments to independent contractors	13	3966
	14	Occupancy, rent, utilities, and maintenance	14	6013
	15	Printing, publications, postage, and shipping	15	1303
	16	Other expenses (describe ► <u>Computer, office supplies, convention</u>)	16	7785
	17	Total expenses. Add lines 10 through 16	17	66,506
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6365
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	92,475
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	98,840

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	92,475	98,840
23	Land and buildings		
24	Other assets (describe ►)		
25	Total assets	92,475	98,840
26	Total liabilities (describe ►)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	92,475	98,840

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Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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Expenses

What is the organization's primary exempt purpose? Fundraising
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)

28	 (Grants \$) If this amount includes foreign grants, check here ▶ ☐	28a
29	 (Grants \$) If this amount includes foreign grants, check here ▶ ☐	29a
30	 (Grants \$) If this amount includes foreign grants, check here ▶ ☐	30a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ▶ ☐	31a
32	Total program service expenses (add lines 28a through 31a) ▶	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
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, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	X
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 unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Enter amount of tax on line 40c reimbursed by the organization ▶		
e 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	X
41 List the states with which a copy of this return is filed. ▶		
42a The books are in care of ▶ <u>Anita Webster - Morgan</u> Telephone no. ▶ <u>(360) 425-8330</u>		
Located at ▶ <u>609 S. Pacific Ave. Kelso WA</u> ZIP + 4 ▶ <u>98626</u>		
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 account)?	42b	X
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	X
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 ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

- | | | | | |
|-----|--|-----|-----|----|
| 46 | 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 | 46 | Yes | No |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b | If "Yes," was the related organization(s) a section 527 organization? | 49b | | |
| 50 | Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." | | | |

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
Total number of other employees paid over \$100,000 ►				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 . . . ▶		

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

**Sign
Here**

Signature of officer
Type or print name and title

Date _____

**Paid
Preparer's
Use Only**

Preparer's
signature

Date _____

Check if self-employed ☐

Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed),
address, and ZIP + 4

EIN	
-----	--

Phone no ► ()

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008

Open To Public Inspection

Employer identification number

Fraternat Order of Eagles Auxiliary

23: 7149784

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

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

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue	181,666		5276	186,942
Direct Expenses	2 Cash prizes	119,985		2638	122,623
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	7256			7256
	6 Volunteer labor	☒ Yes 100% ☐ No	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶		(129,879)			
8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶		57063			

9 Enter the state(s) in which the organization operates gaming activities: Washington**a** Is the organization licensed to operate gaming activities in each of these states?**b** If "No," Explain:**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?**b** If "Yes," Explain:**11** Does the organization operate gaming activities with nonmembers?**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a	X	
10a		X
11	X	
12		X

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility **13a** 100 %
- b** An outside facility **13b** _____ %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ Anita Webster-Morgan

Address ▶ P.O. Box 362 Kelso, WA 98626

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a** _____ **X**

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ Anita Webster-Morgan

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ Sales of Bingo packets, pays prizes, prepares reports, keeps records & books

☒ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a** _____ **X**
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

2008-09 GRANTS PAID

<u>DATE</u>	<u>TO WHOM</u>	<u>AMOUNT</u>
6-16	American Cancer Relay for Life	\$100
6-17	Bartell Memorial - St. Youth Convention	\$300
6-30	Golden Eagle Fund	\$300
7-28	HOME	\$300
7-29	Local Food Bank	\$200
8-25	Alzheimers	\$300
8-19	Columbia River Shrine Youth Football	\$100
9-8	Cowlitz #2 Fire & Rescue	\$500
9-8	Women's Support Shelter	\$500
9-29	Diabetes	\$300
10-1	Women's Support Shelter	\$500
10-1	Diabetes	\$100
9-16	Community Home Health and Hospice	\$2,250
10-7	Kelso Cub Scouts	\$100
10-7	Holly Smith - Trip to Washington D.C.	\$250
10-13	Beacon Hill School - Dictionaries	\$250
10-21	All American Engraving - Pencils to Schools	\$540
10-27	Parkinson's	\$300
10-21	Family Fund Christmas	\$500
10-21	Shriner Hospital	\$500
10-21	Salvation Army	\$100
10-21	Cowlitz #2 Fire & Rescue - Rookie Shirts	\$526
11-3	Emergency Support Shelter	\$500
11-4	ABATE - Toys	\$500
11-10	Youth Christmas	\$300
11-18	Emergency Support Shelter	\$350
11-18	Home on the Range	\$250
12-1	Emergency Support Shelter	\$500
12-3	Donation to Local Aerie	\$12,500
12-2	Local Food Bank	\$517
12-2	Salvation Army	\$250
12-2	Hospice	\$50
12-16	Family Fund Christmas	\$500
1-5	Emergency Support Shelter	\$500
1-20	Carrolls School	\$100
2-1	Emergency Support Shelter	\$500
2-3	Kelso Senior Party	\$100
2-3	Grand Aerie - Hospice	\$2,500
2-14	Broomstick Pool Team Sponsor	\$50
2-17	Kelso Girls Softball	\$200
2-23	Dan Moscon Scholarship	\$150
2-28	Alzheimers Grant	\$500
2-28	Casey Eye Clinic Foundation Grant	\$300
2-28	Diabetes Grant	\$1,000
2-28	Jimmy Durante Autism Grant	\$500
2-28	Max Baer Heart Grant	\$500
2-28	Breast Cancer	\$500
2-28	Parkinson's Grant	\$500

2-28	Stan Murray Kidney Grant	\$500
3-2	Emergency Support Shelter	\$500
3-2	Kidney Grant	\$500
3-3	Kelso Girls Softball	\$125
3-9	CI Ripkin T Ball League	\$200
3-16	Women's Shelter - Cribs	\$804
4-1	Emergency Support Shelter	\$500
4-7	Women's Shelter - High chairs	\$225
4-7	Diabetes Research Center	\$1,800
4-26	Washington State Zipper Club	\$100
4-26	Eagle Valley	\$105
4-26	Eagle Patriotism	\$105
5-1	Emergency Support Shelter	\$500
5-19	Dan Moscon Scholarship	\$62
5-28	Alzheimers	\$431
5-28	Cancer Fund	\$1,308
5-28	Heart	\$438
5-28	Kidney - Stan Murray	\$621
5-28	Parkinsons	\$236
5-28	Spinal Cord	<u>\$815</u>
	Total	\$42,809

2008 990-EZ

Part IV

List of Officers, Directors, Trustees, and Key Employees

	<u>Title/hrs a week</u>	<u>Compensation</u>
Dianne L. Hansen 603 Col. St. Kelso, WA 98626	Past President/2	0
Susan M. Fultz 1006 S. 6th Kelso, WA 98626	President/4	0
Genneth P. Stewart 804 S. 3rd Kelso, WA 98626	Vice President/2	0
Adrienne Galvez 1010 Oak St. Kelso, WA 98626	Chaplain/2	0
Anita F. Webster-Morgan P.O. Box 362 Kelso, WA 98626	Secretary/25	\$1,918
Elaine M. Schreiner 3834 Oak St. Longview, WA 98632	Treasurer/2	\$160
Ann M. Hunt 1500 N. 4th Ave. Kelso, WA 98626	Condustress/2	0
Jo A. Delmar 1508 Coweeman Dr. Kelso, WA 98626	Inside Guard/2	0
JoAnn Hartman 2708 Maple Longview, WA 98632	Outside Guard/2	0
Carmella A. Gill 3304 West Side Hwy Castle Rock, WA 98611	Trustee/4	0
Virginia Rexford 711 Ostrander Rd. Kelso, WA 98626	Trustee/4	0
Carolyn Martin 2511 Sunrise St. Kelso, WA 98626	Trustee/4	0
Ina Beard 173 Beacon Hill Dr. Longview, WA 98632	Sr. Mother/2	0
Carol J. Farmer P.O. Box 910 Kelso, WA 98626	Auditor/2	\$320