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29299,01/2912011 8 56 AM
Department of the Treasury

## **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 - 2008 Open to Public

	nal Revenue Ser		<del></del>			06.704		a copy of the	is return to sa		reporting	require	ments	Inspection
<u>A</u>	For the 2008 ca							and en		31/09				<del></del>
В	Check if applicable	Please		of organizat				Order o	of Eagl	.es			) Emplo	oyer identification number
	Address change	use IRS label or	1			<u>361 Ae</u>	<u>rie</u>							
	Name change	print or	1 .	Business As	<u>s</u>								<u> 35-</u>	·0320876
Ē.	Initial return	type.	1		•	box if mail is no					Room/suite	le	Teleph	none number
$\Xi$		See Specific	<u> 30</u>	1 N.	<u> Ha</u>	rt, PC	<u>Box</u>	301						
닏	Termination	Instruc-	City			country, and Z	IP + 4					عا	Gross rece	eipts \$ 257,310
$\sqcup$	Amended return	tions.	<u>Pr</u>	ince	ton			IN	<u>47670</u>					
	Application pending	F Nam	e and add	dress of pr	ıncıpal	officer						1	i(a) is this	a group return for
===		1										١.	affiliate	es? Yes X No
													l(b) Are all include	ed? Yes No
5 <u>7                                    </u>													If "No,"	attach a list (see instructions)
<u> </u>	Tax-exempt state	us X	501(c)	(8	) ◀	(insert no )	494	7(a)(1) or	527					
لبح	Website: > 1	N/A										ŀ	H(c) Group	exemption number
₹ <u>₹</u> 4. 7.	Type of organization	<b>X</b> Co	orporation	Trust		Association	Other -			L	Year of formati	on		M State of legal domicile
	art I S	umma	ry											
<u> </u>	1 Briefly d	lescribe	the orga	inization's	s miss	ion or most	significar	nt activities						
>	The	Frat	ernal	. Orde	er o	f Eagle	S 15 8	an inter	nationa.	1				
Activities & Governance	non-	-prof	it or	ganiz	ati	on unit	ing f	raternal	.ly in th	he spi	rit			
Ìξ	of :	liber	ty, t	ruth,	ju	stice,	and e	quality,	to make	e huma	n.			
)	2 Check ti	his box		if the ord	anıza	tion disconti	nued its o	perations or	disposed of	ta Sathan	25% of its	assets	;	
Ö	3 Number	r of votin	a memb	ers of the	e gove	ernina body i	Part VI. I	ine 1a)	disposed of year like 140014	CtiON			3	1
Š	4 Number	r of inde	pendent	votina m	embe	rs of the gov	ernina ba	dy (Par	line 110.0	Br.			4	
įį	5 Total nu	ımber of	employ	ees (Parl	l V lin	e 2a)	·······g - ·	عادي	E	-041			5	
Ę	6 Total nu	ımber of	volunte	ers (estin	nate if	necessary)		20.	-205	5011			6	
⋖	7a Total or	nss unre	elated hi	ISINESS I	evenu	e from Part '	VIII line 1	12 column (C	EFB .	02			7a	
	h Net unre	elated h	iisiness	tavable ir	ncome	from Form	990-T lir	ne 34	Evansy Wildmes	t Alon	7		7b	0
	b Net dine	Clated D	23111033	iaxable li	TOOTHE	, month total	330-1, 111	10 04	Wildman	<i>:::118; 11:</i>	T F	rior Year		Current Year
4	8 Contribu			s (Part VI					EASU2,	•				
Revenue	9 Program		_	e (Part V					<b>—</b>			64	,273	46,255
ķ	10 investm			•			4. and 7d	)						
ď	11 Other re		•		,							71	,547	46,569
								, column (A)	line 12)				,820	92,824
	13 Grants								,				/	
	14 Benefits			•	-			•						
<b>(0</b>	1							olumn (A), lu	nes 510)			11	,060	14,403
Expenses	16a Profess		-			-			,				7.0.0	
per	b Total fu		_			olumn (D), lii								
Ä	17 Other e		-									120	, 905	82,288
	1	•	•	-	, ,.		•	, n (A), line 25	51		<b></b>		,965	96,691
	19 Revenu							11 (/1), 11110 20	,,		<u> </u>		,855	
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sets	20 Total as	ssets (Pa	art X, lin	e 16)									,207	180,340
ASS	21 Total lia	•		•										
Net Assets or	22 Net ass		•	,	btract	line 21 from	line 20					184	,207	180,340
F			ure Blo								- <del></del>			
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_	y the IRS disci													Yes N
DA	A For Privacy	y Act an	d Paper	work Re	auctio	on Act Notic	e, see th	e separate i	nstructions.					Form <b>990</b> (2008

41,695 (Must equal Part IX, Line 25, column (B))

4e Total program service expenses ▶ \$

# Form 990 (2008) Fraternal Order of Eagles

Pa	rt IV 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		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	Ì '		
	Schedule D, Part I	6		_X_
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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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,"			Į
	complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	X	Ь—
12	Did the organization receive an audited financial statement for the year for which it is completing this return	-		
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	-		1
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			l
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
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, Part III	16	<u> </u>	X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del>	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	<del>                                     </del>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	ļ	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<del> </del>	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete		İ	
	Schedule J	23	├	X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	1		
	24b-24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del> </del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
	to defease any tax-exempt bonds?	24c	1	┼
d 253		24d	+	┼┈
25a	· · · · · · · · · · · · · · · · · · ·	25-		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	+	+
b	0	OFL	1	1
25	person from a prior year? 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	00		x
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	+	<del>  ^</del> -
۷1	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	27	1	x
_	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			·
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		_X_
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		<u> </u>
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	<u>3</u> 1		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
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		X
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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			}
	VI	37		X

Form **990** (2008)

Pa	IN V Statements Regarding Other IRS Filings and Tax Compliance				
12	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1		Yes	No
	U.S. Information Returns Enter -0- if not applicable	1a			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and rep		1		
	gaming (gambling) winnings to prize winners?		1c		X
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	instructions)			-	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	i by			
	this return?		3a_		X
	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 a				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ancial			
	account)?		4a_		X
b	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 B	sank			
E.	and Financial Accounts		50	1	x
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion?	5a 5b	<b> </b>	X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	lion,	30_		<del></del>
·	Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than			
	\$75?		7a_	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	<u> </u>	ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S			1
	required to file Form 8282?	f 1	7с	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	4		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal	_		
	benefit contract?	- 10	7e	-	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of qualified intellectual property, did the organization file Form 8899 as required?	acti	71		X
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	` 00	7 <u>g</u>	†	<u> </u>
"	required?	, d5	7h		x
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion	'''	1	+
•	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spor				
	organization, have excess business holdings at any time during the year?	9	8	1	ĺ
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		1		1
а	Did the organization make any taxable distributions under section 4966?		9a	}	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_	1	
11	Section 501(c)(12) organizations. Enter	1 1			
а	Gross income from members or shareholders	11a	_	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1	
40-	amounts due or received from them )	116	┥	1	}
12a h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1 1	12a	-	<del> </del>
U	n res, enter the amount of tax-exempt interest received of accrued during the year	12b	i	1	1

Form 990 (2008) Fraternal Order of Eagles 35-0320876 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions 1a Enter the number of voting members of the governing body 1a b Enter the number of voting members that are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 5 5 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? Яa X Each committee with authority to act on behalf of the governing body? X Does the organization have local chapters, branches, or affiliates? 9a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9h Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations X must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies Yes No 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 14 Does 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 The organization's CEO, Executive Director, or top management official? 15a Other officers or key employees of the organization? 15b Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the

IN 47670

Princeton

organization > Brian Walkins

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 <u>compensated employees</u>, and former such persons.

(A)	organization did not compo			(0	;)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director		check Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
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art VII			JStees	s, r\e			yees	, an	d Highest Compensated	1			_
(A) Name ar		(B) Average hours per week	<u> </u>	_	check Officer	allt	hat ar	Former	(D)  Reportable  compensation	(E)  Reportable  compensation	(F) Estima amoui	ated nt of	
		week	or director	Institutional trustee	сег	Key employee	Highest compensated employee	mer	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	othe compen from organiz and re organiz	sation the ation lated	
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Total					<u></u>			<b>•</b>					_
Total nu	ımber of ınd atıon ▶ 0	ividuals (including those	n 1a)	who	rece	ived	mor		an \$100,000 in reportable	compensation from the			
employe	ee on line 1a	a? If "Yes," complete Sch	edule	J for	suc	h ind	dividu	ıal	yee, or highest compensa		3	Yes	-
the orgaindividu Did any	anization and al person liste	d related organizations gi ed on line 1a receive or a	eater	than com	\$15 pens	0,00 atıoı	0? If 1 fror	"Ye: n an	s," complete Schedule J fo	or such	4	<u> </u>	_
ction B. Ir	ndependent	o the organization? If "Ye t Contractors for your five highest com							such person ractors that received more	than \$100,000 of	5		_
compen	isation from	the organization (A) Name and business address						JO.11.		(B) ption of services		(C)	-
					-								
	<del></del> ,					<u>.</u>		<u> </u>		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_
	<del></del>												_
	· · · · · · · · · · · · · · · · · · ·												_
Total nu	ımber of ınd	ependent contractors (inc	ludin	tho	se ir	1) \	who r	ecei	ived more than \$100,000 ii	n			-

P2	rt V	III Statement of Rev	<u>renue</u>	1			_		
		M				(A) Total revenue	(B) Related or	(C)	(D)
						rotal revenue	exempt	Unrelated business	Revenue excluded from tax
							function revenue	revenue	under sections
ts	1a	Federated campaigns	1a	•••••			Tevende		512, 513, or 514
Program Service Revenue Contributions, gifts, grants	ь	Membership dues	1b						
a,g	С	Fundraising events	1c						
a jit	d	Related organizations	1d		<del></del>				
S,E	e	Government grants (contributions)	1e	-					
r Si	f	All other contributions, gifts, grants,	-10						
いま	•	and similar amounts not included above	1f						
d di	_			<del></del>					
S É	g	Total. Add lines 1a–1f	la-1f \$	)	_				
- a	- !!	Total. Add lines Ta-IT			<u> </u>				
ž					Busn. Code				
ě	2a	Membership Dues				46,255	46,255		
92	b				-				
ڲٙ	С								
လို	d								
ran	е								
õ	f	All other program service rev	enue						
۵.	9	Total. Add lines 2a-2f			<b>•</b>	46,255			
	3	Investment income (including	g divide	ends, inter	est, and				
		other similar amounts)			▶ [				
	4	Income from investment of ta	ax-exe	npt bond p	proceeds >				
	5	Royalties			▶ □				
		(ı) Real		(II) F	Personal				<del>,</del>
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)							
	d	Net rental income or (loss)		<u> </u>		1	İ		
	7a		ies	1 (1)	) Other	· · · · · · · · · · · · · · · · · · ·		<del> </del>	
		sales of assets		<del>-</del>	7 0 11 101				
	ь	other than inventory  Less cost or other		<del> </del>					
		į.			}				
	_	basis & sales exps							
		Gain or (loss)		_ <del></del>					
	d	Net gain or (loss)							<del></del>
du	ва	Gross income from fundraising er	ents/		ŀ				
nue		(not including \$							
eve		of contributions reported on line 1	•		-				
ď		See Part IV, line 18	ć						
Other Reven	þ	Less direct expenses	ŧ	<u></u>					
0	С	Net income or (loss) from ful		g events	<u> </u>	7			
	9a	Gross income from gaming activi	ties.						
		See Part IV, line 19	á	\ <u></u>					
		Less direct expenses	t						
		Net income or (loss) from ga		ctivities	<b>&gt;</b>				
	10a	Gross sales of inventory, les	S		ľ				
		returns and allowances	á	ı	211,055				
	b	Less cost of goods sold	t	) <u> </u>	164,486				
	С	Net income or (loss) from sa	les of i	nventory	<b>•</b>	46,569			46,569
		Miscellaneous Reven	ue		Busn. Code				
	11a	-							
	b							****	<del></del>
	С								
	d	All other revenue						<del></del>	
	е	Total. Add lines 11a-11d			<b>•</b>				
	12	Total Revenue. Add lines 1h	. 2n 3	4 5 64					
	-	9c, 10c, and 11e	., _y, J	, -, o, ou,	7u, 6c,	92,824	16 255	ړ	40 500
—						32,024	46,255	0	46,569

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 (C)

	not include amounts reported on lines 6h	(A)	(B)	(C)	(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1					
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	10 607		10 607	
_	trustees, and key employees	10,627		10,627	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
o	and section 403(b) employer contributions)				
9	Other employee benefits	<del></del>			
10	Payroll taxes	3,776	3,776		
11	Fees for services (non-employees)	3,,,,	3,770		<del></del>
	Management				
b	Legal				
c	Accounting	1,349	1,349		
d	Lobbying				<del></del>
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	57,277	12,908	44,369	
17	Travel	313	313		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	=			·
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
4	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	Maintenance & Repairs	9,434	9,434		
b	Supplies	7,787			
c	Bank Charges	4,147	4,147	<del></del>	
d	Charitable Contributions	674	674		
е	Licenses & permits	532	532		
f	All other expenses	775			
25	Total functional expenses. Add lines 1 through 24f		41,695	54,996	
26	Joint Costs. Check here In following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		, 000	34,330	
	fundraising solicitation				

	-		·	(A) Beginning of year		(B) End of yea	
	1	Cash—non-interest bearing		15,104	1		,237
	2	Savings and temporary cash investments		44,000	2		,000
	3	Pledges and grants receivable, net		34,000	3	33	,000
	4	Accounts receivable, net			4	-	
	5	Receivables from current and former officers, directors,	trustana kay				
	3		•		ا ہا		
	6	employees, or other related parties. Complete Part II of			5		·
		Receivables from other disqualified persons (as defined					
		4958(f)(1)) and persons described in section 4958(c)(3) Part II of Schedule L	(B) Complete				
	_				6		
Assets	7	Notes and loans receivable, net		F 000	7	- <del></del>	
SS	8	Inventories for sale or use		5,000	8	5	,000
4	9	Prepaid expenses and deferred charges	1 . 1		9	<del></del>	
		Land, buildings, and equipment cost basis	10a 120,103				
	Ь	Less accumulated depreciation Complete					
		Part VI of Schedule D	10b	120,103	10c	120	<u>,103</u>
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11			12		
	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 3	4)	184,207	16	180	,340
	17	Accounts payable and accrued expenses			17		
	18	Grants payable		-	18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
es	21	Escrow account liability Complete Part IV of Schedule	D		21		
Ξ	22	Payables to current and former officers, directors, truste	ees. kev			<del> </del>	<del>,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
Liabilities		employees, highest compensated employees, and disq					
Ë		persons Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated thin	d parties		23		
	24	Unsecured notes and loans payable	a parties		24		
	25	Other liabilities Complete Part X of Schedule D			25	<b>4.</b>	
	26	Total liabilities. Add lines 17 through 25			26		
S		Organizations that follow SFAS 117, check here ▶	and		20		
nces		complete lines 27 through 29, and lines 33 and 34.				i e	
	27	Unrestricted net assets			77		
ga	28	Temporarily restricted net assets			27		
9	29	Permanently restricted net assets			28		
Fund Bala	25	•	<b></b>	·····	29		<del></del>
	İ	Organizations that do not follow SFAS 117, check he	re 🗾				
0	20	and complete lines 30 through 34.					
Assets	30	Capital stock or trust principal, or current funds			30	<del></del>	
SS	31	Paid-in or capital surplus, or land, building, or equipmer		104 005	31		
×	32	Retained earnings, endowment, accumulated income, o	or other funds	184,207	32		340
Net	33	Total net assets or fund balances		184,207	33		340
	34	Total liabilities and net assets/fund balances		184,207	34	180	<u>),340</u>
_ <u>P</u>	art )	(I Financial Statements and Reporting		<del></del>		<del></del>	
						<u>\ Y</u>	es No
1		· · · · · · · · · · · · · · · · · · ·		Other			
		ere the organization's financial statements compiled or re		ntant?		2a	X
		ere the organization's financial statements audited by an				2b	X
(		Yes" to lines 2a or 2b, does the organization have a com					1
		e audit, review, or compilation of its financial statements				2c	
3		a result of a federal award, was the organization require	d to undergo an audit or audits as	set forth in			-
		e Single Audit Act and OMB Circular A-133?				3a	
	) If "	Yes," did the organization undergo the required audit or a	audits?			3b	



#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

\_ OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Fraternal Order of Eagles 35-0320876 **361 Aerie** Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2h 2c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes l I No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2008 Fracernal	. Order of Eag	[⊥es	35-03	2087	6				Page 2
Pa	art III Organizations Maintaining	Collections of Art,	Historical Treas	sures, or Other	Simila	r As	sets	contin	ued	1)
3		records, check any of the	following that are a	significant use of its	collectio	n				
а	Public exhibition	d 🗆 Loan o	or exchange progran	16						
b	Scholarly research	e Other	excitatige program	15						
c	Preservation for future generations	C Other			·	_	_			
4	Provide a description of the organization's co	ellections and explain how t	hey further the orga	nization's exempt pu	ırpose ın	ı				
5	During the year, did the organization solicit o	r receive donations of art, h	nistorical treasures,	or other similar						
Da	assets to be sold to raise funds rather than to							Yes	L	No
Pa	Trust, Escrow and Custod				ed "Ye	s" to	Forn	n 990,		
	Part IV, line 9, or reported									
1a	Is the organization an agent, trustee, custodi	an or other intermediary for	r contributions or oti	ner assets not			_			ı
	included on Form 990, Part X?							Yes	$\sqcup$	No
þ	If "Yes," explain the arrangement in Part XIV	and complete the following	table :		_					
					L			Amoun	it	
C	Beginning balance					1c				
ď	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line 21?			ـــ			Yes		No
	If "Yes," explain the arrangement in Part XIV						لــا	163	ш	140
Pa	rt V Endowment Funds. Comp	lete if organization a	nswered "Yes" 1	o Form 990. Pa	rt IV. I	ne 1	10			
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Thre			(e) Fou	r vear	rs back
1a	Beginning of year balance				1,100			(0)	. ,	-
b	Contributions									·····
_	Investment earnings or losses		***************************************	11·····		*******		***********	*******	
d		<del></del>								
-	Other expenditures for facilities	· · · · · · · · · · · · · · · · · · ·	······			••••				••••
٠	and programs									
	Administrative expenses		·	*****************************	<b></b>	********		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•••••
	•		·		ļ			·····		<del>~~~~</del>
g	End of year balance				L					
2	Provide the estimated percentage of the year									
a		%								
	Permanent endowment   %									
	Term endowment ▶ %									
3a	Are there endowment funds not in the posse	ssion of the organization th	at are held and adm	inistered 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 organization:	s listed as required on Schi	edule R?					3b		
4	Describe in Part XIV the intended uses of the	e organization's endowmen	t funds_							
Pa	<u>irt VI        Investments—Land, Build</u>	ings, and Equipmen	t. See Form 99	0, Part X, line 1	0.					
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other	1 ,	preciation			(d) Book	valu	e
1a	Land						1			
	Buildings						+			
	Leasehold improvements		;		•		+			
	Equipment	<del></del>	<del> </del> -				+-			
	Other	120,103	2	<del></del>			+		20	100
	I. Add lines 1a–1e (Column (d) should equal I			L			-			,103
. 544	Codumit (a) should equal t	onn 990, Fait A, COlumn (	ம்), iiiie 10(c).)				ــــــــــــــــــــــــــــــــــــــ		20	,103

Part VII	Investments—Other Securities. See For			
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market va	alue
	ratives and other financial products			
	equity interests			
her				
			·	
	·			
tal. (Colum	n (b) should equal Form 990, Part X, col (B) line 12)	<b>•</b>		
art VIII	Investments-Program Related. See Fo	orm 990, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of valuation	·
			Cost or end-of-year market v	alue
<del></del>				
tal (Calum	(b) should asked form 000 Port V and (P) line 12 \			
	on (b) should equal Form 990, Part X, col (B) line 13)	▶ e 15		
	Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
	on (b) should equal Form 990, Part X, col. (B) line 13.)  Other Assets. See Form 990, Part X, lin  (a) Descri	e 15.	(b)	Book value
	Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
	Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
	Other Assets. See Form 990, Part X, lin	e 15.	(b	Book value
	Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
	Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
	Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
	Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
	Other Assets. See Form 990, Part X, lin	e 15.	(b)	Book value
Part IX	Other Assets. See Form 990, Part X, lin (a) Descri	e 15.	(b)	Book value
Part IX	Other Assets. See Form 990, Part X, lin (a) Descri	e 15. ption	(b)	Book value
Part IX	Other Assets. See Form 990, Part X, lin (a) Descri	e 15. ption  , line 25.		Book value
Part IX  otal. (Colum	Other Assets. See Form 990, Part X, lin (a) Description (b) should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	e 15. ption		Book value
Part IX  otal. (Colum	Other Assets. See Form 990, Part X, lin (a) Description (b) should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	e 15. ption  , line 25.		Book value
Part IX  otal. (Colum	Other Assets. See Form 990, Part X, lin (a) Description (b) should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	e 15. ption  , line 25.		Book value
Part IX  otal. (Colum	Other Assets. See Form 990, Part X, lin (a) Description (b) should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	e 15. ption  , line 25.		Book value
Part IX  otal. (Colum	Other Assets. See Form 990, Part X, lin (a) Description (b) should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	e 15. ption  , line 25.		Book value
Part IX  otal. (Colum	Other Assets. See Form 990, Part X, lin (a) Description (b) should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	e 15. ption  , line 25.		Book value
Part IX  otal. (Colum	Other Assets. See Form 990, Part X, lin (a) Description (b) should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	e 15. ption  , line 25.		Book value
Part IX  otal. (Colum	Other Assets. See Form 990, Part X, lin (a) Description (b) should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	e 15. ption  , line 25.		Book value
Part IX  otal. (Colum	Other Assets. See Form 990, Part X, lin (a) Description (b) should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	e 15. ption  , line 25.		Book value
otal. (Colum	Other Assets. See Form 990, Part X, lin (a) Description (b) should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	e 15. ption  , line 25.		Book value
otal. (Colum	Other Assets. See Form 990, Part X, lin (a) Description (b) should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	e 15. ption  , line 25.		Book value
otal. (Colum Part X	Other Assets. See Form 990, Part X, lin (a) Description (b) should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X (a) Description of liability	e 15. ption  , line 25.		Book value

	dule D (Form 990) 2008 Fraternal Order of Eagles	35-032087	<u>6</u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
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	
9	Total adjustments (net) Add lines 4-8		9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9		10	<del></del>
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	,		
а	Net unrealized gains on investments	2a		
þ	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	t i	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	investment expenses not included on Form 990, Part VIII, line 7b	4a	ļ	
b	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b		4c	
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)		5	
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents with Expenses per i		'n
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	اما		
a	Donated services and use of facilities	2a	ł	
b	Prior year adjustments	2b	1	
C	Losses reported on Form 990, Part IX, line 25	2c	1	
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	ſ	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45		1
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
D	Other (Describe in Part XIV)	4b	_ ا	
_	Add lines 4a and 4b  Total expenses, Add lines 2 and 4a. (This about a great Form 900, Bort I, line 18.)		4c	<del> </del>
_ <u>5</u>	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  at XIV Supplemental Information	<u> </u>	5	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, li	inoc 1a and 4. Red IV lines 15		
ailu	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d	anu 40		
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Schedule D (F	orm 990) 2008	Fraternal	Order o	f Ea	agles		35-0320876	Page 5
Part XIV	Suppleme	ntal Information	(continued) -	-				
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#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008

Inspection

OMB No 1545-0047

Name of the organization

Fraternal Order of Eagles 361 Aerie

Employer identification number 35-0320876

Form 990 - Organization's Mission or Most Significant Activities life more desirable by lessoning its ills and promoting peace, prosperity, gladness and hope.

Form 990, Part III, Line 4d - All Other Achievements

The Fraternal Order of Eagles is an international

non-profit organization uniting fraternally in spirit of
liberty, truth, jsutice, and equality, to make human life

more desireable by lessening its ills and promoting

peace, prosperity, gladness and hope.

Form 990, Part VI, Line 11 - Officers Who Cannot Be Reached Mark Blackburn- Presiden

Unknown

Princeton, IN 47670

Don Cowling- Secretary

Unknown

Princeton, IN 47670

Brian Walkins- Treasurer

Unknown

Princeton, IN 47670