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Form 990-EZ

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OMB No. 1545-1150

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 org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the

0905

| Dep             | artment of the Treasury mal Revenue Service  The organization may have to use a copy of this return to satisfy state re   | porting requirements.                    |              | Inspection                                    |
|-----------------|---|--|--------------|---|
| A               | For the 2008 calendar year, or tax year beginning 6/01 , 2008, and 6  | ending 5/31                              |              | , 2009  |
| B               | Check if applicable: C  |  | D Employer   | Identification number                         |
|                 | Address change Use IRS FRATERNAL ORDER OF EAGLES 0871 ALVA  |  | 54-02        | 216218  |
|                 | Name change label or PO BOX 491   |  | E Telephone  |   |
|                 | Initial return Pre. ALEXANDRIA, VA 22313-0491   |  |              | _548-1362                                     |
| $\vdash$        | Termination Specific  |  | 1 3/03/      | _340_T305                                     |
| H               | Amended return tions.   |  | F Group E    | xemption                                      |
| ш               | Application pending   |  | -            | ▶ 0102  |
|                 | <ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts<br/>must attach a completed Schedule A (Form 990 or 990-EZ).</li> </ul>   | G Accounting<br>Other (spe               | cify) ►      |   |
| ı               | Website: ► N/A  | required to                              | attach Sche  | ganization is <b>not</b><br>dule B (Form 990. |
| J               | Organization type (check only one) - X 501(c) (10) < (insert no.) 4947(a)(1) or 527   | 990-EZ, or                               | 990-PF).     | •   |
|                 | 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 comple                         | te 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  |  | <u></u> ▶\$  | 156,589.                                      |
| Pa              | Revenue, Expenses, and Changes in Net Assets or Fund Balan  | ces (See the                             | instruction  | ns for Part I.)                               |
|                 | 1 Contributions, gifts, grants, and similar amounts received  |  | 1            | 3,616.  |
|                 | 2 Program service revenue including government fees and contracts   |  |              |   |
|                 | 3 Membership dues and assessments   |  |              | 26,242.                                       |
|                 | 4 Investment income   |  | 4            | -68,991.                                      |
|                 | 5a Gross amount from sale of assets other than inventory 5a   |  |              |   |
|                 | b Less: cost or other basis and sales expenses  |  |              |   |
| E               | c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch)   |  | 5c           |   |
| CEMCED          | 6 Special-events and activities (complete applicable parts of Schedule G), if any amount is from gaming, ch   | eck here 🟲                               |              |   |
| N               | a Gross revenue (not including \$of contributions   |  | <b>**</b>    |   |
| Ē               | reported on line 1)   | ·  |              |   |
|                 | b Less: direct expenses other than fundraising expenses   |  | 25.0         |   |
|                 | C Net income or (loss) from special events and activities (Subtract line 6b from line 6a)   |  | 6с           |   |
| ,               | 7a Gross sales of inventory, less returns and allowances 7a   | 195,                                     | 722.         |   |
| 1               | b Less: cost of goods sold  |  | 555.         |   |
|                 | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  |  | <del></del>  | 98,167.                                       |
|                 | 8 Other revenue (describe ►   |  | _)  8        |   |
|                 | 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)   |  | ▶ 9          | 59,034.                                       |
|                 | 10 Grants and similar amounts paid (attach schedule).  11 Benefits paid to or for members.  12 Salaries, other compensation, and employee benefits.  13 Professional fees and other payments to independent contractors.  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping.  16 Other expenses (describe See Statement 1 | <del> </del>                             | 10           |   |
| ا ج             | 11 Benefits paid to or for members  |  | 11           |   |
| χ               | 12 Salaries, other compensation, and employee benefits  | <u>بارار</u>                             | 12           | 55,140.                                       |
| Ē               | 13 Professional fees and other payments to independent contractors  | ·  <br>• • • • • • • • • • • • • • • • • | 13           |   |
| EXPENSES        | 14 Occupancy, rent, utilities, and maintenance  |  | 14           | 112,700.                                      |
| E               | 15 Printing, publications, postage, and shipping  |  | 15           |   |
|                 | 16 Other expenses (describe See Statement 1   |  | ) 16         | 40,272.                                       |
| $\sqcup$        | 17 Total expenses (add lines 10 through 16)   |  |              | 208,112.                                      |
|                 | 18 Excess or (deficit) for the year (Subtract line 17 from line 9)  |  | 18           | -149,078.                                     |
| . 4             | -19—Net-assets or-fund balances at beginning of year (from line 27, column (A)) (must a   | igree with end-of                        | -vear        |   |
| NSS<br>E E<br>T | -19—Net-assets or-fund balances at beginning of year (from line 27, column (A)) (must a figure reported on prior year's return)   |  | 19           | <del>389, <u>1</u>88.</del> _                 |
| ᄀ뒦              | 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  |  |              | 240,110.                                      |
| Pai             | 附侧 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or mo   |  |              | Form 990-EZ.                                  |
|                 | (See the instructions for Part II,)   | (A) Beginning                            |              | (B) End of year:                              |
|                 | Cash, savings, and investments.   |  | 928. 22      | 211,018.                                      |
|                 | Land and buildings.   |  | 000. 23      | 30,000.                                       |
|                 | Other assets (describe >)   |  | 24           |   |
| 25              | Total assets  | 389,                                     | 928. 25      | 241,018.                                      |
|                 | Total liabilities (describe ► See Statement 2 )   |  | 740. 26      | 908.  |
|                 | Net assets or fund balances (line 27 of column (B) must agree with line 21)   | 389,                                     | 188. 27      | 240,110.                                      |
|                 | For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 99  |  |              | Form 990-EZ (2008)                            |

Short Form
Return of Organization Exempt From Income Tax

| Form 990-EZ (2008) FRATERNAL UKDER   | COE ENGLES 08/1 AL            | .VA                      | 54 <b>-</b> U2                                   | 16218 Page 2                                      |
|--|-------------------------------|--------------------------|--|---|
| Part III Statement of Program Se   | rvice Accomplishments         | s (See the instructi     | ons.)  | Expenses  |
| What is the organization's primary exempt purpose? RA  | ISE MONEY FOR CHAP            | RITY                     | (Re  | quired for 501(c)(3)                              |
| Describe what was achieved in carrying out to describe the services provided, the number of program title.   | e organization's exempt purp  | poses. In a clear and co | oncise manner, and                               | (4) organizations and<br>7(a)(1) trusts; optional |
| describe the services provided, the number of<br>program title   | t persons benefited, or other | relevant information for | reach 494  | ·/(a)(1) trusts; optional others.)                |
| 28 CONTRIBUTIONS TO FOE HEAD   |                               |                          |  | Juliers.)   |
|  | T. FOND, ALGRETMEN            | CUNCER LOND W            | TIP ATTOOS 1                                     | Ì   |
| COMMUNITY ORGANIZATIONS  |                               |                          |  |   |
|  |                               |                          |  | Į.  |
| (Grants \$ ) If the  | nis amount includes foreign g | rants, check here        | ▶  | a   |
| 29   |                               |                          |  |   |
|  |                               |                          |  |   |
|  |                               |                          |  |   |
| /C   |                               |                          |  | . 1   |
|  | nis amount includes foreign g | rants, check here        |  | <u> </u>  |
| 30   |                               |                          |  | }   |
|  |                               |                          |  | 1   |
|  |                               |                          |  |   |
| (Grants \$ ) If the  | is amount includes foreign g  | rants, check here        |  | a   |
| 31 Other program services (attach schedule   |                               |                          |  |   |
| (Grants \$ ) If the  | is amount includes foreign gi | rants, check here        | ► 🗍 31 :   | <u>.</u>  |
| 32 Total program service expenses (add li  |                               |                          |  |   |
| Part IVa List of Officers, Directors   | Trustees, and Key Em          | nlovees () ist each o    | ne even if not comper                            | seated See the instra                             |
| The state of the s | (b) Title and average hours   |                          |  |   |
| (a) Name and address   | per week devoted              | not paid, enter -0)      | employee benefit plans and deferred compensation | (e) Expense account and other allowances          |
|  | to position                   |                          | deferred compensation                            |   |
| MARK REHMANN   | Vice President                | 0.                       | 0.   | 0.  |
|  | . o                           |                          |  | 1   |
| ALEXANDRIA, VA   | _                             |                          |  |   |
| D. MCDERMOTT   | CHAPLIN                       | 0.                       | 0.   | 0.  |
| D. MCDENTOIT   | CHAPLIN                       | 0.                       | 0.   | 0.  |
|  | Ų                             |                          |  |   |
| ALEXANDRIA, VA   |                               |                          |  |   |
| R. LOWMAN  | Secretary/Treas               | 4,500.                   | 0.   | 0.  |
|  | 0                             |                          |  |   |
| ALEXANDRIA, VA   |                               |                          |  |   |
| D. PERRY   | President                     | 0.                       | 0.   | 0.  |
|  | resident                      | ٠.                       | 0.   | 0.  |
| TEVINDES IN  | ٩                             |                          |  |   |
| ALEXANDRIA, VA   |                               | ·- ·-···                 |  |   |
| D. KLAPKAMP  | Trustee                       | 0.                       | 0.   | 0.  |
|  | 0                             |                          |  | 1   |
| ALEXANDRIA, VA   |                               |                          |  | 1   |
| T. PERGOY  | Trustee                       | 0.                       | 0.   | 0.  |
|  | 0                             | ا.۰                      | 0.   | I   |
| AT EVANDOTA 1/A  | Ч                             |                          |  |   |
| ALEXANDRIA, VA   |                               |                          |  | <del> </del>                                      |
| A. COPELAND  | Trustee                       | 0.                       | 0.   | 0.  |
|  | 0                             |                          |  |   |
| ALEXANDRIA, VA   |                               |                          |  |   |
| RICH BRUNE .   | Secretary                     | 6,300.                   | · 0.   | 0.  |
|  | 0                             | 2,000.                   | •  | ]   |
| ALEXANDRIA, VA 22313-0491  | ٦                             |                          |  |   |
|  | Manus a has a                 |                          |  | <del></del>                                       |
| PETER WINTERMUTE   | Trustee                       | 0.                       | 0.   | 0.  |
|  | 0[-                           |                          |  |   |
| ALEXANDRIA, VA   |                               |                          | <u>-</u>   |   |
|  |                               |                          |  |   |
|  | •                             | 1                        |  |   |
|  | ļ                             | 1                        |  |   |
|  |                               |                          |  |   |
|  | İ                             |                          |  |   |
|  | i                             |                          |  |   |
|  | •                             |                          |  |   |
|  | ļ                             |                          |  |   |
|  |                               |                          |  |   |
|  |                               |                          |  |   |
| BAA  | TEEA0812L 01/                 | /14/09                   |  | Form 990-EZ (2008)                                |

|             | n 990-EZ (2008) FRATERNAL ORDER OF EAGLES 0871 ALVA  | 54-02                    | 216218                      | P             | age 3      |
|-------------|--|--------------------------|-----------------------------|---------------|------------|
| Pā          | t.V Other Information (Note the statement requirement in General Instru  | uction V.)               |                             |               |            |
|             | •  |                          |                             | Yes           | No         |
| 33          | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attaceach activity   | h a detailed descripti   | on of 33                    |               | <br> -x    |
| 34          | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a confor  | med copy of the changes. |                             | 1             | X          |
| 35          | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), attach a statement explaining your reason for not reporting the income on Form 990-T.   | but not reported on Form | 290-Т,                      |               |            |
|             | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) not proxy tax requirements?  |                          |                             |               | x          |
|             | olf 'Yes,' has it filed a tax return on Form 990-T for this year?  |                          | 35 b                        |               |            |
|             | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N   |                          | 36                          |               | X          |
| <b>37</b> : | Enter amount of political expenditures, direct or indirect, as described in the instructions   | 37a                      | 0.                          |               | ) XX       |
| ı           | Did the organization file Form 1120-POL for this year?   |                          |                             | +             | X          |
| 38          | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still unpaid at the start of the period covered by this   | employee or were return? | 38a                         |               | X          |
| ı           | If 'Yes,' complete Schedule L, Part II and enter the total   |                          |                             |               |            |
| 30          | amount involved.   |                          | N/A                         |               |            |
|             | 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9   | 300                      | NI / N                      |               |            |
|             | Gross receipts, included on line 9, for public use of club facilities  |                          | N/A N/A                     |               |            |
|             | 1501(c)(3) organizations. Enter amount of tax imposed on the organization during the year un-  |                          | 11/A                        |               |            |
|             | section 4911 ► N/A; section 4912 ► N/A; section 4955   |                          | N/A                         |               | 0.5        |
| ŧ           | 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit or did it become aware of an excess benefit transaction from a prior year?  If 'Yes,' complete Schedule L, Part I  |                          | the 40b                     |               |            |
|             | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |                          | 0.                          |               |            |
| C           | Enter amount of tax on line 40c reimbursed by the organization   | , <u> </u>               | 0.                          |               |            |
|             | All organizations. At any time during the tax year, was the organization a party to a prohibiter shelter transaction? If "Yes," complete Form 8886-T   | d tax                    | 40e                         |               | X          |
|             | The books are in care of > THE AIRE  Located at > 1015 CAMERON ST ALEXANDRIA VA  | Telephone no. ► _(       | 703) <u>548</u><br>2313-049 | - <u>1</u> 36 | 2          |
| b           | At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other first if 'Yes,' enter the name of the foreign country:                   | nancial account)?        | a 42b                       | Yes           | No<br>X    |
| c           | See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Fina At any time during the calendar year, did the organization maintain an office outside of the U. If 'Yes,' enter the name of the foreign country: | ncial Accounts.          | 42c                         |               | X          |
|             |  |                          |                             |               |            |
| 13          | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Che and enter the amount of tax-exempt interest received or accrued during the tax year  | 1                        | <b>.</b>                    |               | 1/A<br>1/A |
|             |  | •                        | <del>ا ب</del>              | Yes           | No         |
| 44          | Did the organization maintam any donor advised funds? If 'Yes,' Form 990 must be completed of Form 990-EZ  | ınstead                  | 44                          |               | x          |

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......

TEEA0812L 01/14/09

Form 990-EZ (2008)

BAA

|  | EZ (2008) FRATERNAL ORDER OF   |  |  | 54-021   |   | Pa          | age 4       |
|--|--|--|--|--|---|-------------|-------------|
| Part VI  | Section 501(c)(3) organization   | s only. All section 5  | i01(c)(3) organiza   | tions must answer q  | uestions  | 46-49       | €           |
|  | and complete the tables for line   | es 50 and 51.  |  | ····   | -   | ٠.          |             |
| <b>46</b> Did 1  | the organization engage in direct or indire public office? If 'Yes,' complete Schedule   | ect political campaign ac  | tivities on behalf of or   | r in opposition to candidat  | es  | Yes         | No          |
|  |  |  |  |  |   |             | • '`        |
|  | the organization engage in lobbying activi   | -  |  |  |   | <u>-</u> ∔  |             |
|  | e organization operating a school as desc  | • • •  |  |  |   | <b>—</b>    | —.          |
|  | the organization make any transfers to an  | •  |  |  |   |             |             |
| b if Y   | es,' was the related organization(s) a sect  | tion 527 organization?   | •  | ·····  | 49ы   |             |             |
| 50 Com   | plete this table for the five highest comperved more than \$100,000 of compensation  | ensated employees (other from the organization.  | er than officers, direct<br>If there is none, ente   | ors, trustees and key emp<br>r 'None.'   | oloyees) wh   | o eac       | h<br>——     |
| (0   | ) Name and address of each employee paid<br>more than \$100,000  | (b) Title and average<br>hours per week<br>devoted to position   | (c) Compensation   | (d) Contributions to employee benefit plans and deferred compensation  | (e) Exp<br>accoun<br>other allo                       | t and       |             |
|  |  |  |  |  |   |             |             |
|  |  | •  |  |  |   |             |             |
|  |  |  |  |  |   |             |             |
|  |  |  |  |  |   |             |             |
|  |  |  |  |  |   | <del></del> | <del></del> |
|  | <b></b>  |  |  |  |   |             |             |
| Total number   | of other employees paid over \$100,000   |  |  |  |   |             |             |
| from   | plete this table for the five highest competthe organization. If there is none, enter "  (a) Name and address of each independent controls.  | None.'   |  | (b) Type of service  | (ċ) Compe   |             |             |
|  |  |  |  |  |   |             |             |
|  |  |  |  |  |   |             |             |
|  |  |  |  |  |   |             |             |
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|  |  |  |  |  |   | <u>-</u> -  |             |
|  |  |  |  |  |   |             |             |
|  |  |  |  | ·  |   |             |             |
|  |  |  |  |  |   |             |             |
|  |  |  |  |  |   |             |             |
| Total ours   |  | 200 000 S100 000   |  |  |   |             |             |
| Total numl   | ber of other independent contractors receil Under penalties of periury. I declare that I have exam   |  |  | ments, and to the best of my know  | riedge and belv                                       | ef, it is   |             |
| Total numl   |  | ined this return, including accom  | panying schedules and state  |  | rledge and belv                                       | ef, it is   |             |
|  | Under penalties of perjury, I declare that I have examinue, correct, and complete. Declaration of preparer (c  | ined this return, including accom  | panying schedules and state  |  | rledge and belw                                       | ef, it is   |             |
| Sign   | Under penalties of perjury, I declare that I have exam   | ined this return, including accom  | panying schedules and state  |  | rledge and beli                                       | of, it is   |             |
| Sign   | Under penalties of perjury, I declare that I have examine, correct, and complete. Declaration of preparer (c   | ived this return, including accomplished than officer) is based on al  | panying schedules and state<br>information of which prepar   |  | rledge and beli                                       | of, it is   |             |
|  | Under penalties of perjury, I declare that I have examine, correct, and complete. Declaration of preparer (or Signature of officer  R. CAALS D. DAJ,  Type or print name and title.  | ined this return, including accomplisher than officer) is based on all   | panying schedules and state information of which prepared to the control of the c | er has any knowledge.  | rledge and beli                                       | ef, it is   |             |
| Sign<br>Here   | Under penalties of perjury, I declare that I have examine, correct, and complete. Declaration of preparer (or Signature of officer  R. LAD D. DAJ.  Type or print name and title.  CIS Image   | ived this return, including accomplished than officer) is based on al  | panying schedules and state information of which prepared to the control of the c | er has any knowledge.    3/22/3 Date   |   |             | ber         |
| Sign<br>Here<br>Paid                                   | Under penalties of perjury, I declare that I have examine, correct, and complete. Declaration of preparer (or Signature of officer  R. CAALS D. DAJ,  Type or print name and title.  | ined this return, including accomplisher than officer) is based on all   | panying schedules and state information of which prepared to the control of the c | Date  Check if Self-   | riedge and bela<br>barer's identifye<br>instructions) |             | ber         |
| Sign<br>Here<br>Paid<br>Pre-                           | Under penalties of perjury, I declare that I have examine, correct, and complete. Declaration of preparer (or Signature of officer    CL   D, D  | ined this return, including accomplisher than officer) is based on all and a second | panying schedules and state information of which prepared to the control of the c | Date  Check if Res   |   |             | ber         |
| Sign<br>Here<br>Paid<br>Pre-<br>parer's                | Under penalties of perjury, I declare that I have examine, correct, and complete. Declaration of preparer (complete.)  Signature of officer  Type or print name and title.  Preparer's signature  Firm's name (or yours if self-employed).   | ined this return, including accompliant than officer) is based on all  | panying schedules and state information of which prepared to the control of the c | Date  Check if Self-   |   |             | ber         |
| Sign<br>Here<br>Paid<br>Pre-<br>parer's<br>Use         | Under penalties of perjury, I declare that I have examine, correct, and complete. Declaration of preparer (or Signature of officer    CLAD D. DAJ.   | ined this return, including accompliant than officer) is based on all  | panying schedules and state information of which prepared to the control of the c | Date  Check if self-employed   Check if self-e | parer's Identifyer                                    |             | ber         |
| Sign<br>Here<br>Paid<br>Pre-<br>parer's<br>Use<br>Only | Under penalties of perjury, I declare that I have examine, correct, and complete. Declaration of preparer (complete). Declaration of prepa | e-Do not corresp   | ATOL   | Date  Check if Set employed Processes  | parer's Identifyer                                    | ng Num      |             |

| 2008 Federal St  | atements Page '  |
|--|--|
| FRATERNAL ORDER O  | F EAGLES 0871 ALVA 54-021621                             |
| Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses  Advertising and Promotion BANK CHARGES BENEFITS PAID Conferences, Conventions, and Meetings CONTRIBUTIONS Insurance LICENSE/PERMITS PER CAPITA SUPPLIES TELEPHONE | 160. 1,000. 4,810. 7,684. 12,964. 576. 4,819. 6,149.     |
| Statement 2<br>Form 990-EZ, Part II, Line 26<br>Total Liabilities  |  |
| Accounts Payable and Accrued Expenses  | Beginning Ending  \$ 740. \$ 908.  Total \$ 740. \$ 908. |
|  | •  |
|  |  |

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