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Form **990** (67)

Department of the Treasury
Internal Revenue Service

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) 905

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

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUNE 1, 2008, and ending MAY 31, 2009

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization FRATERNAL ORDER OF EAGLES #3429

Doing Business As

Number and street (or P O. box if mail is not delivered to street address) P.O. BOX 1124 Room/suite

City or town, state or country, and ZIP + 4 HARRIMAN, TN 37748

D Employer identification number 62-0861947

E Telephone number (865) 882-2034

G Gross receipts $

F Name and address of principal officer:

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☒ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 0102

I Tax-exempt status: ☒ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ NA

K Type of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other ▶ FRATERNAL L Year of formation: M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities: CONTRIBUTING TO CHARITABLE PROGRAMS + LOCAL FAMILIES + MEMBERS IN NEED.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	159
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	157
5	Total number of employees (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-0-
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-0-

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,080.00	5,135.00
9	Program service revenue (Part VIII, line 2g)	-0-	-0-
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-0-	75.15
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,011.27	61,084.99
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	66,091.27	66,245.14
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	-0-	-0-
14	Benefits paid to or for members (Part IX, column (A), line 4)	-0-	-0-
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	20,790.03	24,790.06
16a	Professional fundraising fees (Part IX, column (A), line 11e)	-0-	-0-
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	43,196.08	45,731.75
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	63,986.11	70,522.41
19	Revenue less expenses. Subtract line 18 from line 12	2,105.16	(3,777.27)

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	9,383.40	21,024.26
21	Total liabilities (Part X, line 26)	-0-	-0-
22	Net assets or fund balances. Subtract line 21 from line 20	9,383.40	21,024.26

Part II Signature Block

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 — Date: 10/11/09

▶ Melissa G. Morgan - Secretary
Type or print name and title

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? NA ☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separ

Cat No. 11282Y

Form **990** (2008)

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: PEOPLE HELPING (CONTRIBUTING) TO CHARITABLE PROGRAMS + LOCAL FAMILIES & MEMBERS IN NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

NA

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶ $** *(Must equal Part IX, Line 25, column (B).)*

Part 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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *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 Schedule D, Part I*	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		✓
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	✓	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II.*	15		✓
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		✓
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		✓
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		✓
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		✓
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		✓
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		✓
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✓
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified 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 disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or 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:			
a	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		✓
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		✓
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		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
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		✓
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		✓
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		✓
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		✓
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a —		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b —		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	NA	
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 4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-*file* this return. (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b	—	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
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 Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	—	
6a	Did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	—	
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	—	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d —		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		✓
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		✓
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	**Section 501(c)(7) organizations.** Enter:			
a	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 —		
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders	11a —		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b —		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b —		

Part VI **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 *		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . 3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets? 5		✓
6	Does the organization have members or stockholders? 6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . 7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? 8a	✓	
b	Each committee with authority to act on behalf of the governing body? 8b	✓	
9a	Does the organization have local chapters, branches, or affiliates? 9a		✓
b	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? 9b	—	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10		✓
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* 11		✓

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13* 12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b		✓
c	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:		
a	The organization's CEO, Executive Director, or top management official? 15a		✓
b	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 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

17 List the states with which a copy of this Form 990 is required to be filed ▶ TENNESSEE

18 Section 6104 requires an organization to make its Forms 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

19 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ ARLIE SECRETARY - 422 OLD HWY. 70, HARRIMAN, TN 37748 865-882-2034

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 compensated employees; and former such persons.

☑ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RAYMOND PLEMENS WORTHY PRESIDENT	2	✓		✓				-0-	-0-	-0-
JONATHAN EDSEMON WORTHY V. PRESIDENT	2			✓				-0-	-0-	-0-
ART SEIBER TRUSTEE	3		✓	✓				-0-	-0-	-0-
WILLIAM JAMES TRUSTEE	3		✓	✓				-0-	-0-	-0-
WILLIS MILLICAN TRUSTEE	3		✓	✓				-0-	-0-	-0-
VICKIE WHITE TRUSTEE	3		✓	✓				-0-	-0-	-0-
BOBBIE THORNTON TRUSTEE	3		✓	✓				-0-	-0-	-0-
TODD WEIR TRUSTEE	3		✓	✓				-0-	-0-	-0-
WESLEY GOSS TRUSTEE	3		✓	✓				-0-	-0-	-0-
WILLIAM WRIGHT TREASURER	14			✓				-0-	-0-	-0-
MELISSA MORGAN SECRETARY	10			✓				-0-	-0-	-0-
RONALD INMAN CHAPLIN	1			✓				-0-	-0-	-0-
ANDREW DOOLING INSIDE GUARD	1			✓				-0-	-0-	-0-
MAX RAY HOLLAND CONDUCTOR	1			✓				-0-	-0-	-0-

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								-0-	-0-	-0-

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		✓
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
NA		

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b	5,135.00			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a–1f	▶	5,135.00			
Program Service Revenue		Business Code				
	2a			NA	NA	NA
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f	▶	0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	25.15			
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶	0			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶	0			
	8a Gross income from fundraising events (not including $ ..... of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events	▶	0			
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities	▶	0			
	10a Gross sales of inventory, less returns and allowances a		99,562.00			
	b Less: cost of goods sold b		38,477.01			
	c Net income or (loss) from sales of inventory	▶	61,084.99			
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d	▶	0			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	66,245.14	NA	NA	NA

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		NA		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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, trustees, and key employees				NA
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	20,102.23		20,102.23	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	4,188.43		4,188.43	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,557.47		2,557.47	
12 Advertising and promotion	188.05		188.05	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy Property & Liability Ins.	2,054.01		2,054.01	
17 Travel				
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 covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SEE ATTACHMENT 1A	40,932.22		40,932.22	
b				
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	70,022.41	NA	70,022.41	NA
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	4,883.40	1	8,893.57
	2	Savings and temporary cash investments	—	2	1,630.69
	3	Pledges and grants receivable, net	—	3	—
	4	Accounts receivable, net	—	4	—
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	—	5	—
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	—	6	—
	7	Notes and loans receivable, net	—	7	—
	8	Inventories for sale or use	—	8	—
	9	Prepaid expenses and deferred charges	—	9	—
	10a	Land, buildings, and equipment: cost basis 10a —			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D 10b —	4500.00	10c	4500.00
	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 34)	9383.40	16	14,024.26
Liabilities	17	Accounts payable and accrued expenses	—	17	—
	18	Grants payable	—	18	—
	19	Deferred revenue	—	19	—
	20	Tax-exempt bond liabilities	—	20	—
	21	Escrow account liability. Complete Part IV of Schedule D	—	21	—
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	—	22	—
	23	Secured mortgages and notes payable to unrelated third parties	—	23	—
	24	Unsecured notes and loans payable	—	24	—
	25	Other liabilities. Complete Part X of Schedule D	—	25	—
	26	**Total liabilities.** Add lines 17 through 25	-0-	26	-0-
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	—	30	—
	31	Paid-in or capital surplus, or land, building, or equipment fund	—	31	—
	32	Retained earnings, endowment, accumulated income, or other funds	—	32	—
	33	Total net assets or fund balances	-0-	33	-0-
	34	Total liabilities and net assets/fund balances	9383.40	34	14,024.26

Part XI Financial Statements and Reporting

			Yes	No
1		Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other		
2a		Were the organization's financial statements compiled or reviewed by an independent accountant?		✓
	b	Were the organization's financial statements audited by an independent accountant?	✓	
	c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	✓	
3a		As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
	b	If "Yes," did the organization undergo the required audit or audits?		

Fraternal Order of Eagles #3429
Form 990 Expenses
June 2008 - May 2009
Attachment IA

Miscellaneous (Lounge Supplies)		$ 1,243.93
Donations (Aid to Members)		$ 1,505.00
Charity (Christmas Baskets to Local Community)		$ 1,457.06
Cleaning & Supplies		$ 6,081.25
Aerie Maintenance		$ 4,453.88
Sales Tax		$ 5,892.00
Liquor By the Drink Tax		$ 4,522.00
Utilities (Water, Electric, Sewer)		$ 7,529.56
Per Capita Tax (State & Grand)		$ 1,217.00
Grand FOE Membership Dues		$ 490.00
Incorporation Tax		$ 20.00
Tax & License (City/County/State)		$ 470.59
ABC License & Tax		$ 1,200.00
Cookouts & Food for Bereavments		$ 1,043.38
Miscellaneous (Other)		$ 3,806.57
	Total	**$ 40,932.22**

Y-12 FEDERAL CREDIT UNION
501 LAFAYETTE DRIVE
OAK RIDGE TN 37830

Record 88
#4

15193

OF EAGLES AERIE FRATERNAL ORDER
8842 FOX RIVER WAY
KNOXVILLE TN 37923-6477

Instructions for Recipient

Account number. May show an account or other unique number the payer assigned to distinguish your account

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds and Gulf tax credit bonds that must be included in your interest income. These amounts were treated as paid to you during 2008 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912, Credit for Clean Renewable Energy and Gulf Tax Credit Bonds.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U S Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes This may or may not be all taxable. See Pub 550, Investment Income and Expenses. This interest is exempt from state and local income taxes. This interest is not included in box 1.

Box 4. Shows backup withholding. Generally, a payer must backup withhold at a 28% rate if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1.

Box 6. Shows foreign tax paid You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

Box 8. Shows tax-exempt interest, including exempt-interest dividends from a mutual fund or other regulated investment company, paid to you during the calendar year by the payer Report this amount on line 8b of Form 1040 or Form 1040A. This amount may be subject to backup withholding. See box 4.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 6251, Alternative Minimum Tax—Individuals.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096, Annual Summary and Transmittal of U.S. Information Returns, with the Internal Revenue Service Center for your area. On Form 1096 list yourself as the "filer." A husband or wife is not required to file a nominee return to show amounts owned by the other.

☐ CORRECTED (If checked)

PAYER'S name, street address, city, state, ZIP Code, and telephone no	PAYER'S RTN (optional)	OMB No 1545-0112	**Interest Income**
Y-12 FEDERAL CREDIT UNION *501 LAFAYETTE DRIVE* *OAK RIDGE TN 37830* *(865)482-1043*	1 Interest income $25.15	**2008**	
	2 Early withdrawal penalty $0.00	Form **1099-INT**	
PAYER'S federal identification no 62-0473619	RECIPIENT'S identification no 62-0861947	3 Interest on U.S Savings Bonds and Treas. obligations $0.00	**Copy B** **For Recipient**
RECIPIENT'S name, Street address (including apt no), City, State, and ZIP Code OF EAGLES AERIE FRATERNAL ORDER 8842 FOX RIVER WAY KNOXVILLE TN 37923-6477	4 Federal income tax withheld $0.00	5 Investment expenses	This is important tax information and is being furnished to the Internal Revenue Service If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported
	6 Foreign tax paid	7 Foreign country or U.S. possession	
	8 Tax-exempt interest	9 Specified private activity	
Account number (see instructions) 00008369366208619 47			

Form **1099-INT** (keep for your records) Department of the Treasury - Internal Revenue Service