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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service benefit trust or private foundation)

Open to Public

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		2008 calenda				an Davela	- 503 050		and end	_	200	_	
$\overline{}$		pplicable	Please use IRS			Ban Dondra	S FRATERNA	AL ORDER O	F EAGL	ES 4	200	I°	Employer identification no.
Ad Ad	dress o	hange	label or	Doing Busi	iness As					—-		-	92-0126851
U Na	ime cha	ange	print or type.			ox if mail is not de	rvered to street ad	dress)		Room/		E	Telephone number
Ind	bal retu	m	See	2055 J	ORDAN AVE					<u></u> _	1	L	
Те	minatio	on	Specific Instruc-	City or town	n, state or country	, and ZIP + 4						G	Gross receipts \$
An	nended	return	tions.	Juneau	, AK 99801	<u>L</u>							1,141,152
Ap	plicatio	n pending	F Name	and address of	f principal officer		•	· · · · · · ·		T -			
										H(a)	ls this a gr affiliates?	oup retu	m for Yes X No
I Ta	x-exem	pt status	X 501(c) (8) ◀	(insert no)	4947(a)(1) or	527		_	₹			= =
J W	ebsite:	▶ N/A		- , _	, , , , , , , , , , , , , , , , , , ,					H(c)	if "No," atta Group exe	ach a lis	t (see instructions)
			Corporation	Trust	Association	Other ►		L Year of forms	ation 19		M State		3.50
Pari		Summar						TE 164 O TOTAL	audit — -		III State (or regard	1011IIGII0
<u>r an</u>				nanization's	mission or mo	st significant a	ctivities:	MATNTATN	AND O	PERAT	E AN I	EAGT.	S FRATERNAL
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t n i a	3		_			• •	-					3	240
e n	4				-			1b) • • • • •				4	0
s c	5	Total numbe	r of emplo	yees (Part \	V, line 2a) 🕒	• • • • • • •	· • • • • • •	• • • • • • •		• • •	• • • •	5	16
& _	6	Total numbe	r of voluni	leers (estima	ate if necessa	ry)	· • • • • • • •	· • • • • • • •		• • •	• • • •	6	240
	7a	Total gross u	inrelated l	business rev	venue from Pa	rt VIII, line 12,	column (C)	. .				7a	0
	ь	Net unrelate	d busines	s taxable inc	come from For	m 990-T, line :	34 • • • • •	. .				7b	0
								•		Pri	or Year		Current Year
R e	8	Contribution	s and grai	nts (Part VIII	l, line 1h)						3	, 325	8,400
٧	9							. .			244	, 458	1,132,752
e n	10	-		•	•						7	,416	
U	11		-			•						,215	<u></u>
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n s	D				X) coturn (D)			89,392					Automotive Section
e s	17											,235	
	18	Total expens	ses Add I	lines 13-17	(must equal P	art X, column	(A), line 25)	• • • • • • •	• • • 🗀			,754	
	19	Revenue les	-	es. Suptiec		ine 12 · · ·	• • • • • •	• • • • • •	• • •		56	, 660	766,501
Net			ШÜ		ļ					Beginn	ing of Y	ear	End of Year
Assets or	20	Total assets	(Part X, I	ne/16)	81.117		• • • • • • •		• • • [_				0
Fund	21	Total liabilitie	es (<u>Part X</u>	-Ine 261 -	<u>الله الالم</u>				• • • []				0
©Bal- ⊕ances	22	Net assets o	r fund bal	ances Sub	tract line 21 fr	om line 20 •			• • •				0
Par	t II	Signatu	re Bloc	k				•	-		-	_	
69		Under penalti	es of genury	Africage that I	I have exemined the	his return, ıncludıng	accompanying sci	hedules and stater	nents, and	to the be	st of my kn	owiedge	
es.		and belief, it is	s tode corre	A, and complete	e Declaration of p	reparer (other than	officer) is based of	n all information of	which prep	parer has	any knowl	ledge	
Z				. A.	Man.	l .						1	//12/10
	ì	a signatur	re of officer		9/			•				Dat	te /
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€ Prepa Use O		Firm's name		Hutto	/ /	r Tax CA	_			EIN			
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		dudiess, aild		Junea	u, AK 998	01				Phone n	> 90	7-78	9-3091
May ti	he IRS	S discuss this	return wit	th the prepa	rer shown abo	ve? (see instr	ictions) -						Y Yes No

Form	990 (2008) Juneau Douglas FRATERNAL ORDER O	F EAGLES 4200	92-012685	L Page 2
Par	t III Statement of Program Service Accomplis	shments (see instructions)		
1	Briefly describe the organization's mission:		<u> </u>	
	MAINTAIN AND OPERATE AN EAGLES FRATERNAL I			
	NATIONAL GRAND AERIE OF EAGLES FOR APPROXI			
	ABLE TO DONATE FUNDS TO QUALIFIED CHARITAE	BLE ORGANIZATIONS.	<u> </u>	
2	Did the organization undertake any significant program service		_	_
	the prior Form 990 or 990-EZ?	• • • • • • • • • • • • • • • • • • • •	· · · · · · Yes	X No
_	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant cha			
	services?	• • • • • • • • • • • • • • • • • • • •	· · · · ·Yes	X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the exempt purpose achievements for each of the org			
	Section 501(c)(3) and 501(c)(4) organizations and section 494		nts and	
	allocations to others, the total expenses, and revenue, if any, for	or each program service repoπed.		
4a	(Code) (Expenses \$	ncluding grants of \$) (Rever		
	MAINTAINED A PLEASANT ATMOSPHERE FOR A SOC		iue p	,
	THE AUSPICES OF THE FRATERNAL ORDER OF EAC			
	DONATIONS TO QUALIFIED CHARITIES AND QUALI			
	FUNDS.	IFIED EDUCATIONAL SCHOLARSHIP		
			······	
			·	
				
4b	(Code) (Expenses \$	ncluding grants of \$) (Rever	nue \$	
	, <u>(</u>	, (, (,),		,
				
				
			_	
4c	(Code) (Expenses \$	ncluding grants of \$) (Rever	nue \$)
			-	
			•	
				
4d	Other program services. (Describe in Schedule O)			
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses > \$	(Must equal Part IX, Line 25, column (B).)		
		554	Eo	rm 990 (2008)

Pa	irt 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		Х
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		Х
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, VIII, IX, or X as applicable · · · · · · · · · · · · · · · · · · ·	11		х
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		х
14a		14a		<u> </u>
b				
	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		х
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		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
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		х
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		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J · · · · · · · · · · · · · · · · · ·	23		х
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		24b		
С				
	to defease any tax-exempt bonds?	24c		
d		24d		
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b				 -
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		x
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or		_	† <u></u>
_	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х

Form 990 (2008)

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		Х
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		Х
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 • • • • • • • • • • • • • • • • • •	31		Х
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		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		Х
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		Х
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		х
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		x

Pa	rt 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	4.		
	U.S. Information Returns. Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •	Ì		i i
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	, ,		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	, ,,,, (٠ ٧	, ',#','
	gaming (gambling) winnings to prize winners?	1c	X	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	\$,-	200 200
	Statements, filed for the calendar year ending with or within the year covered by this return • • • • • 2a 16	<u> </u>	1 4	× 4.5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	Ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	, ,,,,,,,		7 (M)
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		****	
	this return? • • • • • • • • • • • • • • • • • • •	3a		Х
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		X
b	If "Yes," enter the name of the foreign country:	e e e e e e e e e e e e e e e e e e e	A.	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	*****		
_	and Financial Accounts	Marin - A	- 33	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	_		l
•-	Regarding Prohibited Tax Shelter Transaction? • • • • • • • • • • • • • • • • • • •	5c		
6a L	Did the organization solicit any contributions that were not tax deductible? • • • • • • • • • • • • • • • • • • •	6a		Х
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).	- OD		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- ''		
_	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		Х
d	If "Yes," Indicate the number of Forms 8282 filed during the year •••••••• 7d		12.0	A
8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		3 4,	4
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? • • • • • • • • • • • • • • • • • • •	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	_		
	required? • • • • • • • • • • • • • • • • • • •	7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	Marine .		,,e-
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	-gruds -gruds	270	i sentrali i
	organization, have excess business holdings at any time during the year?	8		Х
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		849 8. a	* *
а	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	a ča.		
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · 10a]		ľ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • • • • • • • • • • • •			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		l	
	amounts due or received from them) · · · · · · · · · · · · · · · · · ·		<u> </u>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year • • • • • • • 12b			L

Part VI. Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
	For each !Voc!! response to lines 2.7h holour soulfs. III.! !!		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			v
4.	circumstances, processes, or changes in Schedule O See instructions			,
1a b	Enter the number of voting members of the governing body			
2				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	2		<u>X</u>
•	Did the organization delegate control over management duties customarily performed by or under the direct			
4	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
5	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? • • • • • • • • • • • • • • • • • • •	4		X
6	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	6		X
-	of the governing body? • • • • • • • • • • • • • • • • • • •	7.		ı
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	70	Х	
-	the year by the following	ect)		` *
а	The governing body? • • • • • • • • • • • • • • • • • • •	0.0		
b	Each committee with authority to act on behalf of the governing body?	8a 8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	98		<u>X</u>
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		ı
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	90		
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	v	į
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	10	X	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		v
Sac	tion B. Policies	• • •		<u> X</u>
<u> </u>	atom b. Folicies		Van	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	No
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	į
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	х	ı
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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.	-		- 44 - 4
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	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			op.
	with a taxable entity during the year? · · · · · · · · · · · · · · · · · · ·	16a		X
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			i l
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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			
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 MARK PAGE (907) 789-1511			
	8525 JENNIFER DR Juneau, AK 99801			

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 a (A)								(D)	(E)	(F)
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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		organization >												0
employee on line 1a? If "Yes," complete Schedule J for such individual 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 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 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in													Yes	No
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	3						•		•			\$a/		
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_	· · · · · · · · · · · · · · · · · · ·									• • • • • • • • •	3		X
individual 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 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in	4													
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		-	•											لــــا
services rendered to the organization? If "Yes," complete Schedule J for such person	_										• • • • • • • •	4		<u> </u>
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) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	9				-			-				<u> </u>		<u> </u>
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in			ete Schedule	J TOF	suci	n pe	rson	•••	• •			5	<u> </u>	<u> X</u>
compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in		Complete this table for your five highest compensated	indenenden	t contr	acto	ore ti	nat r	eceive	d me	ore than \$100,000	of			
(A) Name and business address Description of services Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in			посрепоси	COILL	acic) 5 Li	iati	COCIVE	U 1110	ore than \$ 100,000	Oi.			
Name and business address Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in										(B)			(C)	
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in										1	ervices			ı
	_													
	_													
	_													
	2		ose in 1) who	recei	ved	moi	e th	an \$10	0,00	00 in				

Page 9

Par	<u>t VIII</u>	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
Cgo	a 18	Federated campaigns 1a			*, ', ', ', ', ', ', ', ', ', ', ', ', ',	, , , , , , , , , , , , , , , , , , , ,	
oi t	m j	Membership dues · · · · · · · 1b	8,400				
tte	u			,		¥ !4	
į	ŧΙ,	Related organizations · · · · · · 1d	<u>.</u>				
bgs	l.	Government grants (contributions) 1e	· · · · · · · · · · · · · · · · · · ·	, r , r , th		A Section of the sect	
tam	']			(j.m.,			
ot I nsa	'	All other contributions, gifts, grants, and					1
8, r a		similar amounts not included above •••• 1f					1
ď	:	Noncash contributions included in lines 1a-1f. \$		√. » " \.			
	 '	Total. Add lines 1a-1f	• • • • • • •	8,400		Company of the second	<u>`</u>
	1.		Business Code				
P S		BAR LIQUORS AND SNACKS	722410	313,540	156,770		156,770
гe	e '	MEMBER GAMING AND RAFFL	713200	819,212	409,606		409,606
9 v	e (
Гi a c	n (
m e	ĕ (
	1	All other program service revenue • • • • • •					
		Total. Add lines 2a-2f	• • • • • • •	1,132,752			
	3	Investment income (including dividends, interest,	and			· · · · · · · · · · · · · · · · · · ·	
		other similar amounts)	• • • • • • •				
	4	Income from investment of tax-exempt bond process	eeds · · · ▶				
	5	Royalties · · · · · · · · · · · · · · · · · · ·	• • • • • • •				
		(i) Real	(ii) Personal	, h		The second secon	
	6a	Gross Rents • • • • • • •			the second section.		
	1	Less rental expenses		and the state of t	enio no prajecto anti-		*
	(Rental income or (loss)		633 gr (1)			
	(Net rental income or (loss) · · · · · · · · · · · · · · · · · ·	• • • • • •				
	78	Gross amount from sales of (i) Secunties assets other than inventory	(ii) Other	The standard was	to the state of th	South State of the Control of the State of the Control of the Cont	* 4
0	'	Less cost or other basis and sales expenses					
t	'	Gain or (loss)		44,0		* ** (**	, n-1,
h			· · · · · · • • • • • • • • • • • • • •				
r	88	Gross income from fundraising		No. See a Car		San Constant	
_		events (not including \$		The second secon			
R		of contributions reported on line 1c)		7733. 1003		Marking A	, 1
v		See Part IV, line 18 · · · · · · · · a					, ;
e	1	Less direct expenses b		, , , ,	# * Z		
n u	(Net income or (loss) from fundraising events	• • • • • • •				
0	98	Gross income from gaming activities		** , * *	# 000 and a second	و بياه م	,,
		See Part IV, line 19					,
		Less direct expenses · · · · · · · b					1
		Net income or (loss) from gaming activities • •	• • • • • • •				
	108	Gross sales of inventory, less returns and allowances • • • • • • • • a		ing spirit	The second secon		
	1	Less cost of goods sold b		1 12 m. wh	The section of the second section of the second	\$ - **	
	L	Net income or (loss) from sales of inventory · ·	• • • • • •				<u></u>
		Miscellaneous Revenue	Business Code		^	'	
	118						
	1						
	(
	(All other revenue					
	'	Total. Add lines 11a-11d	• • • • • • •				
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8	Bc,				
		9c, 10c, and 11e		1,141,152	566,376	o	566,376

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				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
2	organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in			23 10 11 12 10 10 10 10 10 10 10 10 10 10 10 10 10	,
2	the U.S. See Part IV, line 22 · · · · · · · · · · · · · · · · · ·				
3	Grants and other assistance to governments,			The second second	
	organizations, and individuals outside the			1,	
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·			*, ' '	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				Story .
•	trustees, and key employees • • • • • • • • • • • • • • • • • •				
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				
8	Pension plan contributions (include section 401(k)	*			
	and section 403(b) employer contributions) • • • • •				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees)	-			
а	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal · · · · · · · · · · · · · · · · · · ·				
С	Accounting • • • • • • • • • • • • • • • • • • •				•
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees · · · · · · · · · · · · · · · · · ·				
g	Other • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	7-7-2	
12	Advertising and promotion		 -	-	
13	Office expenses		 ,		
14	Information technology				
15	Royalties • • • • • • • • • • • • • • • • • • •	89,392			89,392
16	Occupancy · · · · · · · · · · · · · · · · · · ·	32,510		32,510	
17	Travel · · · · · · · · · · · · · · · · · · ·				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·	130		130	
20	Interest • • • • • • • • • • • • • • • • • • •	62		62	
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
22	Depreciation, depletion, and amortization • • • • • •			Ī	
23	Insurance · · · · · · · · · · · · · · · · · · ·	6,983		6,983	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together		w , 4	. ,	w '
	and labeled miscellaneous may not exceed		م به ما کام می در است. ما با ما در است. ما با ما در است.	of p hyper up	
	5% of total expenses shown on line 25 below)		*		
а					
b					
С					
d					
0			 		
f	All other expenses	245,574	10,841	234,733	
25 26	Total functional expenses. Add lines 1 through 24f · ·	374,651	10,841	274,418	89,392
26	Joint Costs. Check here ▶ if following \ SOP 98-2 Complete this line only if the organization organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation · · · · · · · · · · · · · · · · · · ·				

Pal	T X	Balance Sheet					
			(A)			(B)	
			Beginning of year		End	of year	
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·		1			
	2	Savings and temporary cash investments		2			
	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	1		
	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					
Α	7	Notes and loans receivable, net	<u></u>	6	 		
S	8	Inventories for sale or use		7			——
0	9	****	· · · · · · · · · · · · · · · · · · ·	8			
t	1	Prepaid expenses and deferred charges		9			
8	10a	Land, buildings, and equipment cost basis · · · · · 10a	¥			,	*9
	Ь	Less accumulated depreciation Complete			<u> </u>		
		Part VI of Schedule D · · · · · · · · · · · · · · · · · ·		10c			
	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)	0	16			0
	17	Accounts payable and accrued expenses		17			
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18			
L	19	Deferred revenue		19			
i	20	Tax-exempt bond liabilities • • • • • • • • • • • • • • • • • • •	-	20			
a b	21	Escrow account liability. Complete Part IV of Schedule D		21			
ĭ	22	Payables to current and former officers, directors, trustees, key	· · · · · · · · · · · · · · · · · · ·	21			
!		employees, highest compensated employees, and disqualified	` ,		٠ '	ĥ	*
i t					<u> </u>		لئد مس
i	22	persons. Complete Part II of Schedule L		22			
е	23	Secured mortgages and notes payable to unrelated third parties	- ·	23	 		
8	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	L		0
		Organizations that follow SFAS 117, check here)	,	ji vijke	da :	ъ.
N F		complete lines 27 through 29, and lines 33 and 34.					
e u t n	27	Unrestricted net assets · · · · · · · · · · · · · · · · · · ·		27			
t n d	28	Temporarily restricted net assets		28			
Α_	29	Permanently restricted net assets		29			
s B s a		Organizations that do not follow SFAS 117, check here					
e i		and complete lines 30 through 34.	' '		-	1	
t a	30	Capital stock or trust principal, or current funds		30			
S N C	31	Paid-in or capital surplus, or land, building, or equipment fund	***	31			
0 9	32	Retained earnings, endowment, accumulated income, or other funds		32			
r s	33	Total net assets or fund balances	0	33			0
	34	Total liabilities and net assets/fund balances	0	34			
Par	t XI			5 4	L		<u> </u>
rai	LAI	Financial Statements and Reporting					
1	Accour	ating method used to proper the Form 000; W Cook	_			Yes	No
_		nting method used to prepare the Form 990: X Cash Accrual Othe			ļ		<u> </u>
2a		he organization's financial statements compiled or reviewed by an independent accounts	ant?	• • •	2a		X
b		he organization's financial statements audited by an independent accountant?		• • •	· · · 2b	<u>, </u>	X
С		to lines 2a or 2b, does the organization have a committee that assumes responsibility for					
_		dit, review, or compilation of its financial statements and selection of an independent acc		• • •	20	:	<u> </u>
3a		sult of a federal award, was the organization required to undergo an audit or audits as se					
		gle Audit Act and OMB Circular A-133?			• • • 3a	1	Х
b	If "Yes,	"did the organization undergo the required audit or audits?	<u> </u>		· · · 3b	·	

990	Overflow Statement		2008 Page 1
Name(s) as shown on return		F	EIN
Juneau Douglas FRA	TERNAL ORDER OF EAGLES 4200		92-0126851
	INVESTMENT INCOME01		
D = ===d===bd===			-
Description			* 7,215
INTEREST			201
1111111111	Ţ	otal:	\$ 7,416
			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	OTHER INCOME		
			
Duescription Dues			Amount
ספס		otal:	\$ 7,215 \$ 7,215
	1	COLAI:	7,215
	SALARIES AND EMPLOYEE BENEFITS		
Description			Amount
SALARIES PAYROLL TAXES			\$ 78,141
PAIROLL TAXES		otal:	17,378 \$ 95,519
	•	CCAI:	3 33,319
	OTHER EXPENSES		
Description			Amount
TELEPHONE	· · · · · · · · · · · · · · · · · · ·		\$ 1,675
OCCUPANCY			84,499
EQUIPEMENT RENTAL	AND MAINTENANCE		532
CONFERENCES AND ME	CETINGS		3,369
OFFICE EXPENSES			3,653
ENTERTAINMENT			16,399
BANK FEES			108
	7	otal:	\$ 110,235
	FUNDRAISING		
Description			Amount
LIQUOR COSTS			\$ 29,738
BEER COSTS			37,386
PULLTAB COST			17,377
KEGS			3,866
SYRUP			1,025
	7	Cotal:	\$ 89,392

990 Overflow Statement Page 2 Name(s) as shown on return Juneau Douglas FRATERNAL ORDER OF EAGLES 4200 92-0126851

PROGRAM SERVICES

Description		Amount
MUSIC AND ENTERTAINMENT		\$ 10,841
	Total:	\$ 10,841

MANAGEMENT AND GEN EXPENSES

Description		Amount		
ACCTG		\$	1,061	
OFFICE EXPENSES			1,624	
UTILITIES			7,210	
TRASH REMOVAL			2,657	
STORAGE			4,345	
TAXES AND PERMITS			158,381	
LEGAL AND PROFESSIONAL			2,233	
ACCOUNTING			1,061	
PAYROLL			41,433	
PAYROLL TAXES			14,666	
BANK CHARGE			62	
	Total:	\$	234,733	

Form **8868**

(Rev April 2009)

Application for Extension of Time to File an **Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury

Internal Revenue S	ervice	File a se	parate application for each	ı return.				
 If you are fil 	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
-	ing for an Additional (Not A				s form)			
- •	te Part II unless you have a				•			
	Automatic 3-Month E							
	equired to file Form 990-T a				omplete			
		_			• • • • • • •	• • • • • □		
	rations (including 1120-C file ome tax returns	ers), partnerships, Ri	EMICs, and trusts must use	Form 7004 to reques	t an extension o	f		
one of the retu electronically it returns, or a co	ng (e-file). Generally, you ca rns noted below (6 months f (1) you want the additional emposite or consolidated Fo e details on the electronic fil	or a corporation required (not automatic) 3-more m 990-T. Instead, yet	uired to file Form 990-T). Ho onth extension or (2) you file ou must submit the fully con	owever, you cannot file Forms 990-BL, 6069 npleted and signed pa	e Form 8868), or 8870, group age 2 (Part II) of)		
Туре ог	Name of Exempt Organiza	ation	· · · · · · · · · · · · · · · · · · ·		Employer Ide	Employer Identification number		
print	Juneau Douglas FR		OF EAGLES 4200		92-01268			
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.							
return See	City, town or post office, s	tate, and ZIP code. F	or a foreign address, see ır	nstructions.				
instructions	Juneau, AK 99801							
Check type of	return to be filed (file a sep	arate application for	each return).					
X Form 990		Form 990-T (c	orporation)		Form 4720			
Form 990-E	SL .	Form 990-T (se	ec 401(a) or 408(a) trust)		Form 5227			
Form 990-E	Z	Form 990-T (tr	ust other than above)		Form 6069			
Form 990-F	F	Form 1041-A			Form 8870			
	are in the care of Mar)	Page 2055 Jo	······································					
•	No ▶ 907-789-1511	ion or place of busin	FAX No ▶ 907-			▶ □		
	zation does not have an off				If this is			
_	a Group Return, enter the o roup, check this box •▶	<u> </u>	•	· _ ·	If this is			
	names and EINs of all memb	_	- ·	and attach				
	t an automatic 3-month (6 m)_T) extension of time				
until	•	·	ganization return for the org	•	e The extension	n is		
	rganization's return for.	to mo the exempt of	jameation rotally for the org	amzadon namoa azot	o. The extende	,, ,,		
. —	alendar year 20 or							
	ax year beginning	06-01	, 20 08, and ending	0.5	5-31 ,20 0	9		
	,	<u> </u>			 ' -			
2 If this ta	cyear is for less than 12 mo	nths, check reason.	Initial return Fir	nal return	in accounting p	eriod		
3a If this ap	plication is for Form 990-BL	., 990-PF, 990-T, 472	20, or 6069, enter the tentat	ive tax,				
less any	nonrefundable credits. See	instructions.			3a	\$		
b If this ap	plication is for Form 990-PF	or 990-T, enter any	refundable credits and esti	mated tax				
paymen	s made Include any prior y	ear overpayment allo	wed as a credit		3b	\$		
c Balance	Due. Subtract line 3b from	ine 3a. Include your	payment with this form, or,	ıf required,		 		
deposit	with FTD coupon or, if requi	red, by using EFTPS	(Electronic Federal Tax Pa	yment				
System)	. See instructions.				3c	\$		
Caution If you	are going to make an elect	ronic fund withdrawa	with this Form 8868 see I	Form 8453 EO and Ec	rm 8879-F∩			

for payment instructions.