



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**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)

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

OMB No 1545-0047

2009**Open to Public Inspection**

A For the 2009 calendar year, or tax year beginning		, 2009, and ending		, 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FRATERNAL ORDER OF EAGLES		D Employer identification number	
		Doing Business As		61 : 0366886	
		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number	
		701 CARTER AVENUE		(606) 324-7644	
		City or town, state or country, and ZIP + 4		G Gross receipts \$ 612,571	
		ASHLAND, KY 41101			
		F Name and address of principal officer WILLIAM HALE, CEO		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		532 GREENUP AVENUE, RACELAND, KY 41169		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				If "No," attach a list (see instructions)	
I Tax-exempt status. <input checked="" type="checkbox"/> 501(c) (10) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ▶ 0102	
J Website: ▶				L Year of formation 1967	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				M State of legal domicile KY	

Part I Summary

SCANNED OCT 14 2010 Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LODGE OPERATING UNDER FRATERNAL PROGRAMS				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	1012		
	5 Total number of employees (Part V, line 2a)	5	10		
	6 Total number of volunteers (estimate if necessary)	6	20		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a			
	b Net unrelated business taxable income from Form 990-B, line 34	7b			
			Prior Year	Current Year	
	Revenue	8 Contributions and grants (Part VIII, line 3)			
9 Program service revenue (Part VIII, line 2g)		30,121	25,881		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8a, 9a, 10c, and 11e)		556,669	378,371		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		556,669	404,262		
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	32,417	11,173	
		14 Benefits paid to or for members (Part IX, column (A), line 4)	2,240	2,394	
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	192,069	181,384	
		16a Professional fundraising fees (Part IX, column (A), line 11e)			
		b Total fundraising expenses (Part IX, column (D), line 25) ▶			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	397,354	262,860		
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).	624,080	457,811		
	19 Revenue less expenses. Subtract line 18 from line 12	67,411	-53,549		
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	867,085	850,975	
		21 Total liabilities (Part X, line 26)			
22 Net assets or fund balances. Subtract line 21 from line 20		867,085	850,975		

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 <i>William Hale</i>	Date <i>9-22-10</i>	
	Type or print name and title WILLIAM HALE, CEO		
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶ : Phone no ▶ ()

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2009)

1 Briefly describe the organization's mission:
LODGE OPERATING UNDER FRATERNAL PROGRAMS

- 1** Briefly describe the organization's mission:
LODGE OPERATING UNDER FRATERNAL PROGRAMS
-
-
-
- 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 \$ _____)

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 ▶

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	✓
<ul style="list-style-type: none"> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A	✓
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 United States?	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 United States? 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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities 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	✓

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	✓
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	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? <i>If "Yes," complete Schedule L, Part I.</i>	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34	✓
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	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? <i>If "Yes," complete Schedule R, Part VI.</i>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓

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	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	20
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓
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	15
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	✓
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and 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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	✓
9	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	25,881
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	383,530
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 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	14
b Enter the number of voting members that are independent	1b	1012
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	✓
9 Is there any officer, director, 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	9a	✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	✓
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?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	✓
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
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	✓
If "Yes" to line 15a or 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 ► **KY**

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: ► **EUGENE UNRUE, 701 CARTER AVENUE-ASHLAND, KY 41101 (606-324-7644)**

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- 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 current officer, director, or trustee.

(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			
JOHN LOUDENBACK WORTHY PRESIDENT	10			✓						1200
EUGENE UNRUE SECRETARY	30			✓						1800
JERRY BOCOOK TREASURER	15			✓						1200
DOUGLAS STEVENS TRUSTEE	20	✓								1200
ALLEN HUNT TRUSTEE	20	✓								1200
KEITH NICHOLS TRUSTEE	40	✓								1200
PAUL GRIFFITTS TRUSTEE	20	✓								1200
MARK HOWARD TRUSTEE	20	✓								1200
ROGER LONG VICE PRESIDENT	10									780
RON BROWN INSIDE GUARD	1			✓						780
MIKE WURTS CHAPLIN	10			✓						780
JIM CRITES CONDUCTOR	2			✓						780
WILLIAM HALE WORTY PAST PRESIDENT	2			✓						780
PAM LANEY AUDITOR	20			✓						6,400
JERRY BOCOOK SECRETARY ASSISTANT	5			✓						1,790

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

[illegible]

1b Total

22,290

2 Total number of individuals (including but not limited to those listed above) 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? <i>If "Yes," complete Schedule J for such individual</i>	3	✓
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? <i>If "Yes," complete Schedule J for such individual</i>	4	✓
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	✓

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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		25,881			
	b Membership dues	1b	25,881				
	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 ▶		25,881				
	Program Service Revenue						
2a							
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f ▶							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			5,149			
	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) ▶						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶						
	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 ▶						
	9a Gross income from gaming activities. See Part IV, line 19 a			260,874			
	b Less: direct expenses. b			43,143			
c Net income or (loss) from gaming activities ▶			217,731				
10a Gross sales of inventory, less returns and allowances a			325,816				
b Less: cost of goods sold b			165,166				
c Net income or (loss) from sales of inventory ▶			160,650				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶							
12 Total revenue. See instructions. ▶			409,411				

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22		11,173		
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		2,394		
5 Compensation of current officers, directors, trustees, and key employees			22,290	
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			141,813	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes			17,525	
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				
12 Advertising and promotion				
13 Office expenses				
14 Information technology	5,700			
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,040			
20 Interest				
21 Payments to affiliates	11,825			
22 Depreciation, depletion, and amortization				
23 Insurance	22,859			
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 BANDS	47,600			
b BUSINESS EX	31,659			
c FACILITIES/MAINTENANCE	43,598			
d SUPPLIES (KITCHEN & OFFICE)	53,447			
e OPERATIONS	21,483			
f All other expenses MISC	20,649			
25 Total functional expenses. Add lines 1 through 24f	262,860	13,567	181,328	
26 Joint costs. Check here <input type="checkbox"/> 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	51,444	1	50,388
	2 Savings and temporary cash investments	204,141	2	174,587
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	610,000	10c 610,000
	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	1,500	15	16,000
16 Total assets. Add lines 1 through 15 (must equal line 34)	867,085	16	850,975	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		26	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> 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 ► <input type="checkbox"/> 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	867,085	33	850,975
34 Total liabilities and net assets/fund balances		34		

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 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 line 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? . . .
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b		✓
2c		✓
3a		✓
3b		

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

Open To Public Inspection

FRATERNAL ORDER OF EAGLES 2329

61 : 0366886

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

This image shows a single page of white paper designed for handwriting practice. It features ten identical rows of horizontal dashed lines, each row consisting of three parallel dashes. These lines are evenly spaced across the entire page, providing a guide for letter height and placement. The margins are consistent on all sides, and there are no other markings or text present.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				()
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue		260,874		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses		43,143		
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(43,143)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				217,731

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

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility	13a	100 %
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶ PAMELA IANEY			
Address ▶ 336 31ST ASHLAND, KY 41101			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	✓
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
c	If "Yes," enter name and address of the third party:		
Name ▶ _____			
Address ▶ _____			
16	Gaming manager information:		
Name ▶ WILLIAM HALE, WORTHY PRESIDENT			
Gaming manager compensation ▶ \$ 0			
Description of services provided ▶ HEAD CHAIRPERSON			
<input checked="" type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	✓
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 40%		

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009**Open to Public
Inspection**

Name of the organization

FRATERNAL ORDER OF EAGLES 2329

Employer identification number

61 : 0366886**INCOME FROM BAR SALES 325,816****MEMBERSHIP DUES 25,881****GAMING 260,874****TOTAL GROSS INCOME 612,571****LESS COGS - 208,309****GROSS PROFIT 404,263****EXPENSES****BENEFITS PAID TO MEMBERS (SEE ATTACHMENT) 2,394****GRANTS (SEE ATTACHMENT) 1,550****SPECIFIC ASSISTANCE (SEE ATTACHMENT) 9,623****TOTAL 13,567****BUSINESS EXPENSES****BAD CHECKS 3,230****BUSINESS LICENSE FEES 1,252****FINES & PENALTIES 1,175****TAXES (SALES & CITY ALCOHOL) 22,697****GAMING TAXES 5,656****TOTAL 31,659****CONTRACT SERVICES (BANDS) 47,600****MAINTENANCE 9,506****JANITORIAL SERVICE 2,337****PROPERTY INSURANCE 1,506****REAL ESTATE & PERSONAL PROPERTY TAX 5,093**

Name of the organization

Employer identification number

FRATERNAL ORDER OF EAGLES 2329**61 : 066886**

UTILITIES	25,912
EQUIPMENT	750
SUBSCRIPTIONS	1,047
POSTAGE	785
PRINTING	187
SUPPLIES (BAR, OFFICE, CLEANING & KITCHEN)	52,996
TELEPHONE & TELECOMMUNICATIONS	5,700
OPERATIONS	19,464
INSURANCE- LIBILITY	21,353
MEMBERSHIPS(REFUNDS& PAID)	801
OTHER COSTS	451
PAYROLL EXPENSE	159,094
RECONCILIATION DISCREPANCIES	1,908
CONFERENCE, CONVENTION	4,040
OFFICERS AND DIRECTORS SALERIES	22,290
BANK CHARGES	115
MISC.	17,941
PAYMENTS TO AFFILIATES	11,825
TOTAL EXPENSES	457,811
NET INCOME	- 53,549

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

FRATERNAL ORDER OF EAGLES 2329

Employer identification number

61 : 0366886

PT VI-11 ONCE THE 990 IS PREPARED IT IS GIVEN TO THE SECRETARY OF THE AERIE WHO IN TURN GIVES IT TO
THE TREASURER. THEN IT IS GONE OVER IN THE OFFICER MEETING. ALL IMPORTANT DOCUMENTS CAN BE VIEWED
UPON REQUEST.

PTVI-15 THE ORGANIZATION MAKES IT DECISIONS ON HOW TO COMPENSATE THE OFFICERS AT THE
BY-MONTHLY MEETINGS. THE DECISION TO COMPENSATE AND HOW MUCH IS VOTED ON BY THE MEMBERSHIP.

PTVI-19 THE ORGANIZATION MAKES IT'S GOVERNING DOCUMENTS (BY-LAWS) AVAILABLE TO ALL MEMBERS
WHEN THEY FIRST JOIN AND ARE INTERVIEWED. ANY CONFLICT OF INTEREST POLICIES ARE ALSO IN THE BY-LAWS
THE FINANCIAL STATEMENTS ARE READ AT EVERY MEETING AND A COPY CAN BE HAD UPON REQUEST.

1:24 PM

08/17/10

Accrual Basis

Fraternal Order of Eagles aerie 2329

Account QuickReport

June 2009 through May 2010

Type	Date	Num	Name	Memo	Split	Amount
60300 - Awards and Grants						
60310 - Benefits Paid To or For Members						
Check	6/4/2009	23556	Field Flowers		General Fund	242.54
Check	6/29/2009	23711	Field Flowers		General Fund	47.65
Check	7/13/2009	23789	Ken Taylor		General Fund	50.00
Check	7/30/2009	23887	Field Flowers		General Fund	49.65
Check	8/3/2009	23918	Earl Johnson		General Fund	50.00
Check	8/17/2009	23994	Becky Tacket		General Fund	100.00
Check	8/17/2009	23995	Mike Marshall		General Fund	100.00
Check	8/18/2009	23997	Max Hutchenson		General Fund	100.00
Check	10/5/2009	24240	Field Flowers		General Fund	56.25
Check	10/31/2009	24409	Field Flowers		General Fund	152.49
Check	11/20/2009	24514	Ken Laney		General Fund	20.00
Check	11/20/2009	24515	Mark Howard		General Fund	120.00
Check	11/20/2009	24516	John Loudenback		General Fund	20.00
Check	11/20/2009	24517	Roger Long		General Fund	20.00
Check	11/20/2009	24518	Jimmy Crites		General Fund	20.00
Check	11/20/2009	24519	Bill Hale		General Fund	20.00
Check	11/20/2009	24520	Mike Wurts		General Fund	20.00
Check	11/20/2009	24521	Doug Stevens		General Fund	20.00
Check	11/20/2009	24522	Allen Hunt		General Fund	20.00
Check	11/20/2009	24523	Keith Nichols		General Fund	20.00
Check	11/20/2009	24524			General Fund	20.00
Check	11/20/2009	24525			General Fund	20.00
Check	11/20/2009	24526			General Fund	20.00
Check	11/20/2009	24527			General Fund	20.00
Check	11/20/2009	24528			General Fund	20.00
Check	11/20/2009	24529			General Fund	20.00
Check	11/20/2009	24530			General Fund	20.00
Check	11/20/2009	24531			General Fund	20.00
Check	11/20/2009	24532			General Fund	20.00
Check	11/20/2009	24533			General Fund	20.00
Check	11/20/2009	24534			General Fund	20.00
Check	11/20/2009	24535			General Fund	20.00
Check	11/20/2009	24536			General Fund	20.00
Check	11/20/2009	24537			General Fund	20.00
Check	11/20/2009	24538			General Fund	20.00
Check	11/20/2009	24539			General Fund	20.00
Check	11/20/2009	24540			General Fund	20.00
Check	11/20/2009	24541			General Fund	20.00
Check	11/20/2009	24542			General Fund	20.00
Check	11/20/2009	24543			General Fund	20.00
Check	11/20/2009	24544			General Fund	20.00
Check	11/20/2009	24545			General Fund	20.00
Check	11/20/2009	24546			General Fund	20.00
Check	11/20/2009	24547			General Fund	20.00
Check	11/20/2009	24548			General Fund	20.00
Check	11/20/2009	24549			General Fund	20.00
Check	12/3/2009	24619	Field Flowers		General Fund	115.44
Check	1/5/2010	24817	Philips Funeral Home		General Fund	100.00
Check	2/2/2010	24969	Field Flowers		General Fund	105.90
Check	2/15/2010	25023	Eagle	meeting draw...	General Fund	50.00
Check	3/2/2010	25114	Field Flowers		General Fund	116.50
Check	4/5/2010	25295	Field Flowers		General Fund	58.25
Check	5/4/2010	25461	Field Flowers		General Fund	79.45
Total 60310 - Benefits Paid To or For Members						2,394.12
Total 60300 - Awards and Grants						2,394.12
TOTAL						2,394.12

1:25 PM

08/17/10

Accrual Basis

Fraternal Order of Eagles aerie 2329

Account QuickReport

June 2009 through May 2010

Type	Date	Num	Name	Memo	Split	Amount
60300 - Awards and Grants						
60320 - Cash Awards and Grants						
Check	6/15/2009	23632	Earnest Bartrum		General Fund	50.00
Check	7/3/2009	23724	University of Louisvi .	scholarship	General Fund	1,500.00
Total 60320 Cash Awards and Grants						1,550.00
Total 60300 Awards and Grants						1,550.00
TOTAL						1,550.00

1:23 PM

08/17/10

Accrual Basis

Fraternal Order of Eagles aerie 2329

Account QuickReport

June 2009 through May 2010

Type	Date	Num	Name	Memo	Split	Amount
60300 - Awards and Grants						
60340 - Specific Assist to Individuals						
Check	6/1/2009	23548	Dave McPeek		General Fund	100.00
Check	6/1/2009	23549	Louie Frenette		General Fund	100.00
Check	6/1/2009	23550	Kilgore & Collier		General Fund	100.00
Check	6/15/2009	23617	salvation army		General Fund	100.00
Check	6/15/2009	23634	Lazear Funeral Home		General Fund	100.00
Check	6/15/2009	23635	Chuck Leadingham		General Fund	100.00
Check	7/3/2009	23730	John Loudenback		General Fund	100.00
Check	7/10/2009	23769	Paul Ward		General Fund	100.00
Check	7/11/2009			kathy on payr...	General Fund	100.00
Check	7/16/2009	23806	Ky Police Association		General Fund	100.00
Check	7/16/2009	23805	Special Olympics		General Fund	50.00
Check	7/20/2009	23826	Willard Fultz		General Fund	50.00
Check	7/23/2009	23835	WAlmart Golf classic		General Fund	100.00
Check	7/23/2009	23836	First Book		General Fund	100.00
Check	9/14/2009	24135	Mike Marshall		General Fund	100.00
Check	9/22/2009	24179	Cares		General Fund	100.00
Check	9/22/2009	24186	Dee Coberly		General Fund	100.00
Check	9/28/2009	24217	Charles McIntire		General Fund	50.00
Check	10/3/2009	24225	Beverly Connely		General Fund	100.00
Check	10/5/2009	24253	Eagle Memorial Fund		General Fund	100.00
Check	10/7/2009	24262	hospice		General Fund	50.00
Check	10/12/2009	24282	Teresa Baldwin		General Fund	100.00
Check	10/19/2009	24329	Teresa Baldwin		General Fund	100.00
Check	10/19/2009	24330	Jenny Cantrell		General Fund	100.00
Check	10/19/2009	24331	Ken Taylor		General Fund	100.00
Check	10/19/2009	24332	Debbie Cardwell		General Fund	100.00
Check	11/2/2009	24420	Ron Borders		General Fund	100.00
Check	11/2/2009	24421	Larry Campbell		General Fund	100.00
Check	11/2/2009	24422	Urology Center		General Fund	100.00
Check	11/10/2009	24464	W Daniels Jr.		General Fund	50.00
Check	11/16/2009	24472	Ed Copley		General Fund	100.00
Check	11/16/2009	24499	Project Merry Christ...		General Fund	100.00
Check	11/16/2009	24500	Mike Conley Tile an ..		General Fund	100.00
Check	11/18/2009	24508	George Davison		General Fund	100.00
Check	11/24/2009	24589	RCDA		General Fund	520.00
Check	11/24/2009	24595	Edward Workman		General Fund	100.00
Check	12/3/2009	24618		e. Wilson	General Fund	25.00
Check	12/5/2009	24628	Greenup County Ch. .		General Fund	170.00
Check	12/7/2009	24656	Don Unrue		General Fund	100.00
Check	12/7/2009	24657	Ashland Communit...		General Fund	100.00
Check	12/7/2009	24658	Needy Families Fund		General Fund	100.00
Check	12/9/2009	24663	salvation army		General Fund	100.00
Check	12/9/2009	24670	Debbie Barlow		General Fund	100.00
Check	12/17/2009	24695	Kathy Reffett		General Fund	100.00
Check	12/17/2009	24696	Eagle	turkeys	General Fund	680.00
Check	12/17/2009	24701		family dollar/	General Fund	412.98
Check	12/18/2009	24706	Maryanne Dyer		General Fund	100.00
Check	12/18/2009	24712	Alan Hunt		General Fund	50.00
Check	12/22/2009	24746	Tony Lane		General Fund	50.00
Check	12/22/2009	24753	Steve Crites		General Fund	100.00
Check	12/22/2009	24754	Stevie Ann Dyer Fund		General Fund	100.00
Check	1/5/2010	24818	Worthington Eleme...		General Fund	50.00
Check	1/11/2010	24855	RCDA		General Fund	50.00
Check	1/11/2010	24856	salvation army		General Fund	100.00
Check	1/19/2010	24893		Becky Young	General Fund	100.00
Check	1/19/2010	24894		June Cloud	General Fund	100.00
Check	1/19/2010	24895		Mitch McNabb	General Fund	100.00
Check	1/19/2010	24896	Fairview FRYSE		General Fund	100.00
Check	1/19/2010	24898	hospice		General Fund	50.00
Check	2/2/2010	24967	salvation army		General Fund	100.00
Check	2/18/2010	25035	Sam Boyd		General Fund	100.00
Check	2/19/2010	25040	Michael Knipp		General Fund	100.00
Check	2/22/2010	25078	Tommy Robinson		General Fund	100.00
Check	2/23/2010	25082	Boy Scouts		General Fund	100.00
Check	2/23/2010	25083	Ashland School Pat...		General Fund	375.00
Check	2/23/2010	25084	Tomcat Booster		General Fund	165.00

1:23 PM

08/17/10

Accrual Basis

Fraternal Order of Eagles aerie 2329

Account QuickReport

June 2009 through May 2010

Type	Date	Num	Name	Memo	Split	Amount
Check	2/23/2010	25085	FOE Spinal Cord F...		General Fund	100.00
Check	3/9/2010	25153	Teresa Baldwin		General Fund	100.00
Check	3/15/2010	25178	kids wish network		General Fund	100.00
Check	3/18/2010	25188	Cares		General Fund	100.00
Check	3/18/2010	25189	Ashland Alliance		General Fund	50.00
Check	3/30/2010	25275	RCDA		General Fund	525.00
Check	3/30/2010	25274	Mike See		General Fund	100.00
Check	4/6/2010	25306	Sam Boyd		General Fund	100.00
Check	4/6/2010	25307	Team Ky		General Fund	100.00
Check	4/6/2010	25308	Mike See		General Fund	100.00
Check	4/17/2010	25357	Lacy Robinson Fund		General Fund	100.00
Check	4/24/2010	25413	salvation army		General Fund	100.00
Check	5/3/2010	25456	Sam Boyd		General Fund	100.00
Check	5/18/2010	25531		cheerleaders	General Fund	100.00
Check	5/18/2010	25533	Diabetis Fund		General Fund	100.00
Total 60340 · Specific Assist to Individuals						9,622.98
Total 60300 · Awards and Grants						9,622.98
TOTAL						9,622.98