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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

2009

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

OMB No 1545-1150

A	A For the 2009 calendar year, or tax year beginning Junuary / , 2009, and ending December 3/ , 2009							, , 20 0 9						
В						ployer identification number								
	Addres	s change	use IRS label or	Frater	26/	Order of d	Eugles :	# 36	95	1	85	- 07	-2	6005
	Name	thange print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telep						elephone number						
M		alrebum type. (2.17 5. H. D. S. J. D.						(505) 753-5551						
님	Specific City or town, state or country, and ZIP + 4								Group Exemption					
H		led return ation pending	instruc- tions.			Deu Mexic	u 8253	2		I.		ber ▶	•	n i
브						nonexempt charitable			G	Account			_	Cash Accrual
	■ 36	cuon su i(c)(s)					เ นนรเร เกนรเ	allacai	٦		-		י עבשו	Dasii 🔲 Accidai
_	a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶													
. ,	Website: ► H Check ► ☐ if the organization is not required to attach Schedule B (Form 990,													
	Website: ► required to attach Schedule B (Form 990, J Tax-exempt status (check only one) — ☑ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF)													
	Checl		-					•			-			an \$25,000 A
_						t if the organization cho								-2117
	_					cepts, if \$500,000 or mo								7343,00 Port ()
ш	art					ges in Net Assets		Palalic	es (3	ee lile ii	ISUU	. 1	101	raiti.)
	1					amounts received.					•	1		
	2	_				remment fees and co					•	2		
	3		•		its .						.	3		577,00
	4				• •						•	4		
	5	a Gross amo	ount fro	m sale of assets	othe	er than inventory .		5a				• • •		
						oenses		5b	<u> </u>					
m						than inventory (Sub					_:	5c		
Ž	6				licable	e parts of Schedule G). If a		rom gam	ing, ch	eck here ▶	Ш	1.5		
Revenue		a Gross reve	nue (no	ot including $\$$		of co	ontributions		ı			-		
æ		reported or		•				6a	ļ			., , , , , , , , , , , , , , , , , , ,		
	-					alsing expenses		6b				2,7		
		c Net income	e or (lo:	ss) from special	even	ts and activities (Sut	otract line 61	b from l				6c		
	7	a Gross sale	s of inv	entory, less retu	ms a	and allowances		7a	3	0999,0	D			
		b Less: cost						7b	12	8425,0	20	أينت		
						ntory (Subtract line						7c		12574,00
	8	Other reve	nue (de	escribe► <u>// ೯</u> ၅	<u>t. /</u>	of Hall & Vo	01 Tabl	اد)	8		4344,00
_	9			dd lines 1, 2, 3, 4			· · · · · · · · · · · · · · · · · · ·				•	9		17495,00
	10	Grants and	i sımıla	r amounts paid (attac	ch schedule)	· · · · <i>[</i>	TOP	1 m			10		
	11	Benefits pa	aid to c	r for members					/C/	VON		11		
S	12	•		•		ployee benefits		. //	Ţ			12		
SUS	13	Profession	Before it and the second of th								13		5933,00	
Expenses	14	Occupancy, rent, utilities, and maintenance								14		5129,00		
ü	15	Printing, publications, postage, and shipping							15		72,00			
	16	Other expe	enses (describe ► <u>5</u>	e <	Attachment b	/ Z G	OF "	$C_{C_{i,\epsilon}}$	a agivi	<u>G</u> 6)	16		1/03/,00
	17	Total expe	enses.	Add lines 10 thro	ough	16	<u> </u>	<u> </u>	" O fo	"IOH	<u> </u>	17		2,2/15,00
<u>g</u>	18	Excess or	(dencit) for the year (Su	otrac	ot line 17 from line 9)						18		(4670,00)
e e	19				-	ning of year (from li				_				
Net Assets	!	end-of-yea	ar figure	e reported on pri	or ye	ear's return)						19		588,00
	20	Other char	nges in	net assets or fur	nd ba	alances (attach expla	anation) .					20		
_	21					year. Combine lines						21		(4082,00)
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ														
				(See the instr	uctio	ns for Part II)				(A) Begin	ining of	year		(B) End of year
2	2	Cash, savings	, and ir	vestments .						55	8,0	2	22	1255,00
2	23	Land and build	dıngs .										23	
2	24	Other assets (descnt	ne ▶)				24	
2	25	Total assets								58	8,00		25	1255,00
2		Total liabilitie)				26	
2	7	Net assets or	fund b	palances (line 27	of c	column (B) must agre	ee with line	21) .	.	58	8.63	-7	27	1255.00

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

Cat No 106421

Form 990-EZ (2009)





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raye	4

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)									
What is the organization's primary exempt purpose? See Altrich ment #1						(Required for section			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise						(3) and 501(c)(4) zations and section			
	ner, describe the services provided, the number of program title.	f persons benefited, and o	ther relevant info	mation for		a)(1) trusts, optional			
28									
		•••••							
	(Grants \$) If this amount i	includes foreign grants, che	eck here	. ▶ ⊔	28a				
29									
	(Grants \$) If this amount i	includes foreign grants, che	ack hora	▶ □	29a				
30					230				
-				•					
		includes foreign grants, che	eck here	. ▶ 🗆	30a				
31	Other program services (attach schedule)								
		includes foreign grants, che			31a				
	Total program service expenses (add lines 28a t				32	diana fan Dari BAA			
Par	t IV List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	& ensiq	account and other allowances			
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	-								
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Form 99	0-EZ (2009)		F	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)		,	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		~
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		~
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
ъ 38а	Did the organization file Form 1120-POL for this year?	37b 38a		
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed. ▶ Mexico			
42a	The organization's books are in care of ▶ 54 ms. 4.5 Poss 1 - Form 990 € Z. Telephone no. ▶ Located at ▶ ZIP + 4 ▶			
b	At any time dunng 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)?	42b	Yes	No
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	▶ □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		
45 	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		<i></i>

Part VI

	and complete the tables for lines 50 ar	nd 51.	antable trusts mus	t answer questio	ns 46-	-49D)
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete				46	/es	No
47 48 49a b 50	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						V V key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) E acco other a	xpens ount ar	nd
	onc						
51	Total number of other employees paid over \$100 Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated in	ndependent contract "None."	ors who each rece	eived n	nore	than
	(a) Name and address of each independent contractor		(b) Tys	pe of service	(c) Com	pensa	tlon
d	Total number of other independent contractors	each receiving over \$100	0,000▶				
Sign Here	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration Signature of officer Type or print name and title	ned this return, including accoming of preparer (other than officer)	is based on all information	ntements, and to the best of which preparer has	st of my k any knov	knowie	edge
Paid Prepard Use On	yours if self-employed),	Date	Check if self- employed ▶ ☐		nber (See	instruct	ions)
May th	e IRS discuss this return with the preparer show	n above? See instruction		>	Yes		lo (2009)

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section

Prepared By
Approved By

Albuchment # 2

PRIMARY EXEMPT PURPOSE

Attachment	/: page 1 - 990-EZ Page 2, Part III	
Open to Public		3,5
Inspection	For calendar year 2008 or tax period beginning January / , and ending	December 31, 2009
Name of Organizat	on	Employer Identification Number
Fraternal	Order of Eagles	85-0226005

Primary Purpose

Fraternal Order of Eagles is an organization dedicated to offer community services where such services are needed. The oranization has always had doors open to the needy. Food drives are to help families in need. The organization is always ready to assist in situations where community citizen may benefit through ordanices and laws that help them improve their livelyhood. The organization also offers to hall to member families who have expierence a death in their families by using the hall rent free meals or other gatherings.