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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form
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)

► 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.

OMB No 1545-1150

2009**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning JUNE 1, 2009, and ending MAY 31, 2010

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

C Name of organization: fraternal order of Eagles
 Number and street (or P.O. box, if mail is not delivered to street address): 793 main st. Room/suite:
 City or town, state or country, and ZIP + 4: Bethlehem, N.H. 03574-4700

D Employer identification number: 02 0221397
E Telephone number: 603-444-5795
F Group Exemption Number: ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: ☒ Cash ☐ Accrual
 Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) - ☒ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 299,148.00

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received														1	1688.00											
	2	Program service revenue including government fees and contracts														2	0											
	3	Membership dues and assessments														3	3968.00											
	4	Investment income														4	10.76											
	5a	Gross amount from sale of assets other than inventory														5a	0											
	5b	Less: cost or other basis and sales expenses														5b	0											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)														5c	0											
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☒																										
	6a	Gross revenue (not including \$ <u>1688.00</u> of contributions reported on line 1)														6a	208,927.00											
	6b	Less: direct expenses other than fundraising expenses														6b	178,149.00											
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)														6c	30,778.00												
7a	Gross sales of inventory, less returns and allowances														7a	77162.00												
7b	Less: cost of goods sold														7b	31,825.00												
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)														7c	45,337.00												
8	Other revenue (describe ► <u>HALL RENTAL - GAMES - JUKE BOX</u>)														8	7,394.00												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8														9	89,175.76												
Expenses	10	Grants and similar amounts paid (attach schedule)														10	4426.00											
	11	Benefits paid to or for members														11	0											
	12	Salaries, other compensation, and employee benefits														12	0											
	13	Professional fees and other payments to independent contractors														13	4978.00											
	14	Occupancy, rent, utilities, and maintenance														14	53,298.00											
	15	Printing, publications, postage, and shipping														15	1802.00											
	16	Other expenses (describe ► <u>IRS + Equipment</u>)														16	16,900.00											
	17	Total expenses. Add lines 10 through 16														17	81,404.00											
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														18	7771.76											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														19	98,818.00											
	20	Other changes in net assets or fund balances (attach explanation)														20	0											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														21	106,589.76											

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 instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	14,498.00	6327.00
23	Land and buildings	297,420.00	297,420.00
24	Other assets (describe ► <u>Inventories</u>)	4034.00	3,301.00
25	Total assets	315,952.00	307,048.00
26	Total liabilities (describe ► <u>MORTGAGE + LOAN</u>)	217,134.00	200,458.24
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	98,818.00	106,589.76

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

Cat. No 106421

Form 990-EZ (2009)

SCANNED SEP 29 2010

10P

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses

What is the organization's primary exempt purpose? fraternal organization

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 IN Dec. 09 Donated + Delivered 30 Christmas Baskets
of Food + Toys to the poor.

(Grants \$ _____) If this amount includes foreign grants, check here ☐

28a	2250.00
-----	---------

29 Donated Hall for Karate to teach self defense

(Grants \$) If this amount includes foreign grants, check here ☐

29a 2600.⁰⁰

30 Donated to Local Food pantries

(Grants \$) If this amount includes foreign grants, check here ☐

450.00

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		☒
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		☒
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		
a 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?		☒
b If "Yes," has it filed a tax return on Form 990-T for this year?		☒
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0</u>		
b Did the organization file Form 1120-POL for this year?		☒
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		☒
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
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	
c 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. ▶ <u>0410 - New Hampshire</u>		
42a The organization's books are in care of ▶ <u>Ricky Towle</u> Telephone no. ▶ <u>603-444-5795</u> Located at ▶ <u>793 main st</u> <u>Bethlehem N.H.</u> ZIP + 4 ▶ <u>03574-4700</u>		
b 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)?	42b	☒
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	☒
If "Yes," enter the name of the foreign country: ▶ _____		
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 ▶ 43		
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	☒

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- 46 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

	Yes	No
46		☒
47		☒
48		☒
49a		☒
49b		
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

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: Ricky Towle Date: 8/26/10

Type or print name and title: Ricky Towle Secretary

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: Check if self-employed: ☐

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

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.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

Employer identification number

fraternal order of Eagles # 2629

02 : 0221397

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.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- 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

Total ▶

- New Hampshire

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
		(event type)	(event type)	(total number)	(add col (a) through col (c))
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))
1 Gross revenue	63,962.75	97,637.00	47,327	208,926.75
2 Cash prizes	51,617.00	71,300.00	39,019.00	161,936.00
3 Noncash prizes	0	0	0	0
4 Rent/facility costs	0	0	0	0
5 Other direct expenses	4,656.86	5,333.00	6,223.00	16,212.86
6 Volunteer labor	☒ Yes 100 % ☐ No	☒ Yes 100 % ☐ No	☒ Yes 100 % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(178,148.86)
8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				30,777.89

 9 Enter the state(s) in which the organization operates gaming activities: New Hampshire

a Is the organization licensed to operate gaming activities in each of these states?

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:

11 Does the organization operate gaming activities with nonmembers?

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?

	Yes	No
9a	X	
10a		X
11		X
12		X

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a 100 %		
b An outside facility	13b 0 %		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ Ricky Towle			
Address ▶ 36 Whittemore Ln. Waterford VT. 05819			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	X
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 ▶ Ricky Towle			
Gaming manager compensation ▶ \$ 0			
Description of services provided ▶ Book Keeping - Secretary			
☒ Director/officer ☐ Employee ☐ 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	X
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 ▶ \$ _____			