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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)

20**09**

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

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

Open to Public Inspection

		ide Service					opy or and rotain							
<u>A</u>	For th	e 2009 ca	lendar	year, or tax					d ending	Ma	y 31		20 10	
		applicable:	Please use IRS				der of Eagles #					· ·	identification r	
	\ddress	change	label or				r of Eagles #7				03		012332	6
	lame d	hange	print or type.	Number and	d street (or P.O.	box if mail is not o	lelivered to street add	ress)	Room/suite		E Tek	aphone	number	
	nitual ref		See		elburne Ro	ad			E	11	(80:	2)	651- <u>900</u>	4
	emina		Specific Instruc-	City or tov	wn, state or co	ountry, and ZIP	+ 4							
		d return	tions.	So. Burli	ngton, VT	05403					G Gro	ss receip	ts\$ 88	2,525
_		on pending	F Nan	me and address	ss of principal	officer: Lyn	n Brown, Secr	etarv		11/-> 1-4-			affiliates? Yes	
ш,	ppiicalic	ar percong					urlington, VT	July 9					animales/∟Tes uded? ☐Yes	
_	Tay_av	empt status				4947(a)(1)				7				
		 '	M 12	301(0) (6)	(alsert no.)	4547 (a)(1)	U			1			. (see instructio	
	Websi		T71 -	<u> </u>	. [-]	Clau.				H(c) Group				
_			<u>-</u>	ioration L. Trus	st L. Associati	on Other >		L Year	of formation	1904	M Sta	le of leg	jal domicile: V	<u>r</u>
Pa	rt I	Summ												
	1 1	Briefly de	escribe	the organi	ization's m	ission or mo	st significant ac	ctivities:	To Pror	note and	raise	funds	for duly	
		Briefly describe the organization's mission or most significant activities: To Promote and raise funds for duly authorized Fraternal Order of Eagles charities and contribute to worthwhile charitable causes both Local & Nationa												
Activities & Governance														
nar.	•													
Ver		O							than 150/ a					
9		-				•	erations or disposed					3		_
ಷ				_	_	_	y (Part VI, line	-						5
ijes	4	Number (of inde	ependent vo	oting memi	bers of the g	overning body	(Part VI,	, line 1b)			4		
Ž	5	Total nun	nber of	f employee	es (Part V, I	line 2a)					. ∟	5		8
Aci	6	Total nun	nber of	f volunteers	s (estimate	of necessary)				. 😃	6		15
	!					-	VIII, column (C				7	a 📗		0
							n 990-T, line 34					b '		0
										Prior Ye	ear		Current Ye	ar
		^ 			(David MIII III	4b)					10,35	50		21,765
97				_							10,0	~		. 1,1 00
Revenue		_		e revenue (•				· ·		005.00		-	0.404
Ae,						(A), lines 3,			├		885,927			8,431
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)							(-20,042)		156,407			
	12	Total reve	nue-a	add lines 8 t	through 11	(must equal F	Part VIII, column	(A), line	12)		876,23		19	<u> 6,603</u>
	13	Grants ar	nd sımli	ilar antiquat	ts paid (Pa	r(X, column	(A), lines 1-3)				1,19	}4		700
	14	Benefits :	paid to	or for me	mbers (Par	TX. column	(A), line 4) .			2,460			146	
808							rt IX, column (A)				33,15	57	9	7,214
Expenses	162	Drofossio	nal fun		3. 3. 1. 20		ine 11e)	,	.0,					
Š												\neg		
ш,	1.0	Total fund	raising	expenses	(Part IX, Co	iumn (Lo); iine	25) ▶		····		67,92	23	1/	00,626
	17	Otner exp	penses	(Part 15)		Umes 11a-1	ld, 11f-24f) t IX, column (A		· ·		104,73	_		
	18	Total exp	enses!	Add lines	13-17 (rht	ist equal Par	t IX, column (A), line 25	5)			$\overline{}$		98,686
. 60	19	Revenue	less ex	penses. Su	btract line	18 from line 1	2				771,50			<u>-2,083</u>
ets or lances									Be	ginning of C		-	End of Yea	
Assets 3 Balanc	20	Total ass	ets (Pa	art X, line 1	6)						326,4	10	1,32	24,327
A B	21	Total liab	ulities (l	Part X, line	26)									
Fund	22					ct line 21 fro	m line 20			1,	326,41	10	1,32	24,327
	rt II	Signa	ature	Block								-		
					clare that I have	e examined this	return, including as	companyi	ing schedule	s and state	ments, a	nd to th	e best of my k	nowledge
		and belie	f, rt is tru	ue, correct, an	nd complete. I	Declaration of pr	eparer (other than	officer) is b	pased on all	information	of whic	h prepa	rer has any kno	owledge
ei	_									1				
Sig		Cinn	ature of o	officer						I Dat				
He	re	Joseph	ature or t	Unicer						Dai	.6			
		I												
		Туре	or print	name and titl	le									
		Preparer's	s 🕨 /	/,		, (a		Date	Chec	k if			tifying number	
D-:-		signature		to l	16	1.0.		6/ 1	self- empl	oyed ▶ 🔲	(see ins	structions	\$)	
Paid				Took	Aken	well		116.11	7,	·, · —		12	2-28-2660	
-	arer's	Firm's na					EINI	<u> </u>	- 12					
Use	Only	if self-em	ployed),	1119			\C 05740			EIN		002	200 27	
		address,					ven, VT 05743			Phone n	ю 🕨 (5UZ)	265-373	
May	y the	IRS discu	uss this	s return wit	th the prep	arer shown a	above? (see ins	struction	s)				✓ Yes	No

Par	Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: To Promote and raise funds for duly authorized Fraternal Order of Eagles charities and contribute to	
	worthwhile charitable causes both Local & National.	
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
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	☐ 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 to Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4 a	(Code:) (Expenses \$including grants of \$) (Revenue \$\$)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
70	(Code) (Expenses # moldaling grains or #	/
	•	
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ► 198,602	

Par	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		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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	N	B
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	Л	1/1
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		1
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		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	N	A
•	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		1
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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	1
14a		14a	 	1
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		1
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		1
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		1
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		1
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	1	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	✓

Pai	t 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? If "Yes," complete Schedule I, Parts I and II	21		1
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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $$.	24b		
	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_/4	1/2
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	A	for
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? If "Yes," complete Schedule L, Part I	25b	K	/la
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
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? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	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? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
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		1
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	1	la
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
00	Part VI	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		1

Pai	t 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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	İ		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
22	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 9	ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	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	_/4	1/2
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		1
b	If "Yes," enter the name of the foreign country: ▶ N/A			
	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	_/_	12
С	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	K	b
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		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	_14	A,_
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	n	M
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	N	K
d	If "Yes," indicate the number of Forms 8282 filed during the year	l		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	N	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N	14,
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	K	1/1
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			//.
_	required?	7h	_/\/	112
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			İ
	organization, have excess business holdings at any time during the year?	8	11)	1.1
9	Sponsoring organizations maintaining donor advised funds.			.,
a	Did the organization make any taxable distributions under section 4966?	9a	N	(A
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	K	VA
10	Section 501(c)(7) organizations. Enter:			´
а	Initiation fees and capital contributions included on Part VIII, line 12	1]
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
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 amounts due or received from them.)			1/-
	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	12a	N	(D)
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b /UA			1

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.

Sec	tion A. Governing Body and Management				
	1.1		Yes	No	
1a	Enter the number of voting members of the governing body			1	
b	Enter the number of voting members that are independent				
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	\	ļ	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		_	ļ	
	of the governing body?	7a	V		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	ļ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:	-	_	·	
а	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		✓	
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal			
Rev	enue Code.)				
			Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓	
	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		1	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	L	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?	12b		✓	
_	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			ł	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-		
а	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.)			1	
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			ļ	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		.، ا	11 -	
	the organization's exempt status with respect to such arrangements?	16b	u	Mr.	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ VERMONT				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	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 int	erest		
-	policy, and financial statements available to the public. Made Aunilable Social Room Posti	تم 5			
20	State the name, physical address, and telephone number of the person who possesses the books and reco		f the		
•	organization: ▶ Lynn Brown, Secretary, 1233 Shelburne Road Suite B1, So. Burlington, VT 05403				

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 co	(B)	1			C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (d	checi	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Andrew S. Wooden										
President	2	İ		1		l		0	0	
Lynn Brown	10							8,385	0	0
Secretary	10			1				8,383		
Frank Davison	2			"				0	o	0
Trustee		ļ		✓	<u> </u>	ļ	<u> </u>	-		
Dennis Dudley	2							0	o	0
Trustee			L.	1	<u> </u>		<u> </u>			
Kevin Bedard	2	ļ		1		1		0	o	0
Trustee				✓	_		<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·
Thomas Loyer	2	1			ł		1	0	o	0
Trustee	Ļ -	<u> </u>	ļ	✓	<u> </u>		\vdash			
Clement Soutiere	2]	١.			ļ	0	o	0
Trustee	ļ	ļ	ļ	/	<u> </u>		┡			
Allen Blaise	2			١.				0	0	0
Vice President	ļ	<u> </u>	├-	✓	├	├ ─	╄			<u></u>
Paul Sumner	2						1	0	0	0
Chaplain	 	 	⊢	✓	├	 	┼	ļ		
Bruce Chagnon	40			Į				35,750	o	0
Social Room Manager			├	├	\vdash	-	╁	 		
	l									
								<u> </u>		

Pa	t VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees,	, an	d Hig	hest	Compensate	d Employees (c	ontinue	:d)		
	(A)	(B)		· 1	•	C)	that ap	-4.4	(D)	(E) Reportable	_	(F) Estimated		
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	com f on an	mount of other o	of ion on ed	
			!											
									,					
											_			
		1					}							
1b	Total		·	٠.	'	·		•	44,135		0		0	
2	Total number of individuals (including but			ose	list	ed	above) wł	no received m	ore than \$100,	000 in			
	reportable compensation from the organiz	auon - NC)NE									Yes	No	
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	er, director Schedule J	or tr	uste <i>ich</i>	ee, I	key ividi	empl <i>ual</i>	oye	e, or highest o		3		✓	
4	For any individual listed on line 1a, is the the organization and related organizations	sum of rep greater tha	ortab an \$1	le c 50,0	om _[pen:	satior "Yes,"	' coi	mplete Schedu	ıle J for such	4			
5	individual	or accrue	com	pen	sati	on	from	anv	unrelated ord	anization for	5		√	
Se	ction B. Independent Contractors										, -			
1	Complete this table for your five highest compensation from the organization.	ompensate	ed ind	lepe	ende	ent	contra	acto	rs that receive	d more than \$	100,00	0 of		
	(A) Name and business ad	dress							(B) Description of s	services		C) ensation	1	
	NONE													
								+-						
2	Total number of independent contractors (more than \$100,000 in compensation from	including b	ut no	t lim on ▶	nited ► 0	d to	those	list	ed above) who	received				

Par	t VIII	Statement of Revenue		<u> </u>	T		
				(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	ta b c d e f	and similar amounts not included above Noncash contributions included in lines 1a-1f: \$	13,380 1,210 7,175				
	h	Total. Add lines 1a-1f	Business Code	21,765			
Program Service Revenue	2a b c d e f	All other program service revenue . Total. Add lines 2a–2f					
	3	Investment income (including dividends, other similar amounts)	🕨	18,431	18,431		
	Ь	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(ii) Personal	-			
	7a	Gross amount from sales of assets other than inventory (i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses . Gain or (loss)					-
Other Revenue		Gross income from fundraising events (not including \$					
ð	С	Net income or (loss) from fundraising every Gross income from gaming activities.	vents ▶				
	b	See Part IV, line 19 a Less: direct expenses b	599,120 544,311			 	
	1	Net income or (loss) from gaming activit	ties ▶	54,809	54,809		
	ь	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of invento	242,244 148,598 ry ▶	93,646	93,646		
	<u></u>	Miscellaneous Revenue	Business Code		:		
	11a b	Vending Machines Misc Club Revenue Capital Improv		330 362 7,260	330 362 7,260		
	d	All other revenue		7,200	1,200	<u> </u>	†
		Total. Add lines 11a–11d		7,952 196,603	174,838	· · · · · · · · · · · · · · · · · · ·	
	<u></u>			100,000	11-4,000		

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 (C								
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	700	700					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16							
4	Benefits paid to or for members	146	146					
5	Compensation of current officers, directors, trustees, and key employees	8,385	8,385	0	0			
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	80,117	80,117	0	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)							
9	Other employee benefits	0.744	0.744	0	0			
10	Payroll taxes	8,711	8,711		<u> </u>			
11	Fees for services (non-employees):							
	Management							
	Legal	793	793	0	0			
	Accounting							
	Lobbying							
_	Professional fundraising services. See Part IV, line 17							
1	Investment management fees							
g 12	Other	275	275	0	0			
13	Office expenses	10,848	10,848	0	0			
14	Information technology							
15	Royalties							
16	Occupancy	72,780	72,780	0	0			
17	Travel							
18	Payments of travel or entertainment expenses			1				
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .	1,011	1,011	0	0			
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization .		2 2 2 2					
23	Insurance	9,966	9,966	0	0			
24	Other expenses. Itemize expenses not							
	covered above. (Expenses grouped together	ĺ			,			
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)			ĺ				
	License Food	1,487	1,487	0				
a	Misc Social Room Expenses	3,467	3,467	0	0			
Ь		0,401	3,401		<u> </u>			
C			***					
d								
e	All other expenses	4,953	4,953	0	0			
f 25	Total functional expenses. Add lines 1 through 24f	198,686	198,686	0	0			
26	Joint costs. Check here ► ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and							
	fundraising solicitation	0	0	0	0			

Pa	rt X	Balance Sheet			
	_		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	18,012	1	38,584
	2	Savings and temporary cash investments	617,682	2	547,624
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	<u> </u>
	5	Receivables from current and former officers, directors, trustees, key		1	
		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	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	_		
	Ь	Less: accumulated depreciation 10b	690,716	10c	738,119
	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)	1,326,410	16	1,324,327
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	<u> </u>
	19	Deferred revenue		19	<u> </u>
	20	Tax-exempt bond liabilities		20	
8	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key			,
Liabilities		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	
ces		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.		:	
<u>a</u>	27	Unrestricted net assets	1,305,965		1,295,583
Ba	28	Temporarily restricted net assets	20,445	_	28,744
5	29	Permanently restricted net assets		29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
23	30	Capital stock or trust principal, or current funds		30	
380	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ĕ	32	Retained earnings, endowment, accumulated income, or other funds		32	
ě	33	Total net assets or fund balances	1,326,410		1,324,327
_	34	Total liabilities and net assets/fund balances	1,326,410	34	1,324,327

Pai	rt XI Financial Statements and Reporting					
			Yes	No		
1	Accounting method used to prepare the Form 990:					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓		
	Were the organization's financial statements audited by an independent accountant?	2b		1		
	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?	3a		1		
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.	3b	N	14		

Form **990** (2009)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV. line 6, 7, 8, 9, 10, 11, or 12,

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Employer Identification number Name of the organization 0123326 Fraternal Order of Eagles #793 03 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990. Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b 2c c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year ▶ Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Assets included in Form 990, Part X . . .

Par	t III Organizations Maintaini	ng Collections	of Art, H	istorica	I Treasure	s, or C	Other Similar	Assets (c	ontinu	ıed)
3	Using the organization's acquisition, collection items (check all that apply		other reco	rds, che	ck any of th	ne follo	wing that are a	a significan	t use c	of its
а	Public exhibition		d		oan or exch					
b	Scholarly research		e		Other		·			
C	Preservation for future generati	ons								
4	Provide a description of the organiza Part XIV.	ation's collections	s and exp	lain how	they further	er the o	rganization's	exempt pu	rpose i	ìn
5	During the year, did the organization s assets to be sold to raise funds rather	olicit or receive do than to be mainta	onations o	fart, his art of the	torical treasu e organizatio	ures, or n's coll	other similar ection?	. 🗆 Y	es 🗌	No
Par	Escrow and Custodial A IV, line 9, or reported an a					answe	red "Yes" to	Form 990,	Part	
	Is the organization an agent, trustee included on Form 990, Part X?					tions of	other assets		es 🗌	No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	followir	ng table:		- 1			
								Amount		
С	Beginning balance					10	·			
d	Additions during the year					. 1d	L .			
е	Distributions during the year					. <u>1e</u>				
f	Ending balance					. <u>1f</u>				
2a b	Did the organization include an amount "Yes," explain the arrangement in	Part XIV.							es 🗀	No
Par	t V Endowment Funds. Cor	nplete if the org	ganizatio	n answ	ered "Yes"	to Fo	rm 990, Part	IV, line 1	0	
	<u> </u>	(a) Current year	(b) Pro	or year	(c) Two year	rs back	(d) Three years b	ack (e) Fou	ır years t	back
1a	Beginning of year balance				<u> </u>					
Ь	Contributions									
C	Net investment earnings, gains, and losses									
đ	Grants or scholarships									
е	Other expenditures for facilities and programs									
f g	Administrative expenses End of year balance									-
2	Provide the estimated percentage of	the year end ba	lance held	d as:						
a	Board designated or quasi-endowment	ent >	%							
b	Permanent endowment ▶	%								
С	Term endowment ▶ %									
За	Are there endowment funds not in the	possession of th	ne organiz	ation tha	at are held a	nd adm	ninistered for th	ne		
	organization by:	,	J						Yes	No
	(i) unrelated organizations							3a(i)	igsqcut	
	(ii) related organizations							3a(ii)		
ь	If "Yes" to 3a(ii), are the related orga							. 3b	$\perp \perp$	
4	Describe in Part XIV the intended us									
Par	t VI Investments—Land, Bui	ildings, and Eq	uipmen	L See F	<u>orm 990, F</u>	Part X,	line 10.	.		
	Description of investment	(a) Cost or of (investm			st or other s (other)		Accumulated epreciation	(d) Boo	ok value	
1a	Land							<u> </u>		
b	Buildings		715,405					<u></u>	<u>715.</u>	405
C	Leasehold improvements	,								
d	Equipment		22,713							
	Other	.							22,	713
Tota	I. Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part X	column	(B), line 10(c).) .	<u></u> ▶			119

Sche	dule D (Form 990) 2009			Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial St	atem	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	· · · · · · · · · · · · · · · · · · ·
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	·
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine t XII Reconciliation of Revenue per Audited Financial Stater		10	Detum
			1	Teturi
1 2	Total revenue, gains, and other support per audited financial statements	· · · · · · · · ·	!	
_	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments	⊵a ∣	1	
a b		b	-	
C	behated services and use of facilities	ic C	:	
d	ricocronico di prior your granto	ed .	1	
e	Add lines 2a through 2d		2e	1
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	i .	a		
b		b	1	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	t XIII Reconciliation of Expenses per Audited Financial State	ments With Expens	es pe	er Return
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•		
а	Defiated services and use of racinities	a	4	
b	1101 year adjustments	b	-	
C		CC .	4	
d		d	٠.	
e	Add lines 2a through 2d		2e 3	
3	Subtract line 2e from line 1		-	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	a		}
a	integration expenses not included on Fernando, Fast vin, into 75	b	1	
	Add lines 4a and 4b	<u>~</u>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5	
Par	t XIV Supplemental Information			<u> </u>
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; are part to provide any additional information.			

Schedule D (Fon	m 990) 2009	Page 5
Part XIV	m 990) 2009 Supplemental Information (continued)	
	1	
		• • • • • • • • • • • • • • • • • • • •

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Internal Revenue Service Name of the organization **Employer identification number** 0123326 FRaternal Order of Eagles #793 03 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e L Solicitation of non-government grants a Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations 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? 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. (v) Amount paid to (or retained by) fundraiser listed in col (i) (vi) Amount paid to (or retained by) (i) Name of individual (ii) Activity (iii) Did fundraiser have (iv) Gross receipts stody or control of contributions? or entity (fundraiser) from activity organization Yes No NONE 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.

Pá	art II	Fundraising Events. Comore than \$15,000 on F	omplete if the organization 990-EZ, line 6a. L	ition answered "Yes" t ist events with gross r	o Form 990, Part IV, li	ne 18, o 5,000.	r rep	ortec	1
			(a) Event #1	(b) Event #2	(c) Other events	(d) To	otalevol (a) ti	hrough	
Revenue	1 2 3	Gross receipts	(10.11)	(oron. spe)	(total right aca)				
	4	Cash prizes							
	5	Noncash prizes						_	
enses	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
Ö	8	Entertainment						<u> </u>	
	9 10	Other direct expenses ! Direct expense summary. Ad-	d lines 4 through 9 in co	olumn (d)		()
	11 rt II	Net income summary. Comb Gaming. Complete if t	ne line 3, column (d), a he organization answ	nd line 10	▶ 990. Part IV. line 19.	or repo	orted	moi	re
		than \$15,000 on Form						····	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) To ∞I (a)	tal gan		
<u>«</u>	1	Gross revenue		599,120				599	,120
nses	2	Cash prizes		529,574				529	,574
rect Expenses	3	Noncash prizes			· · · · · · · · · · · · · · · · · · ·				
Direc	4	Rent/facility costs							
	5	Other direct expenses .	☐ Yes%	14,737	☐ Yes%			14	,737
	6	Volunteer labor	□ No	☑ No	□ No				
	7	Direct expense summary. Ad	_			(544,3	
	8	Net gaming income summary	. Combine line 1, colun	nn d, and line /		1		54 Yes	,809 No
9		ter the state(s) in which the or	-					,	
a b		the organization licensed to o		s in each of these state			9a	√	
		ere any of the organization's g	gaming licenses revoke		ated during the tax yea	ar?	10a		√
11		es the organization operate g					11		1
12		he organization a grantor, be med to administer charitable		a trust or a member of		entity	12		1

Sched	dule G (Form 990 or 990-EZ) 2009					age 3
					Yes	No
13	Indicate the percentage of gaming activity operated in:					
а	The organization's facility	13a	100 %	_		
b	An outside facility	13b	0 %		ļ	1
14	Enter the name and address of the person who prepares the organization's gaming and records:	/speci	al events books			
	Name Lynn Brown, Secretary					
	Address ► 1233 Shelburne Road Suite B1, So. Bur5lington, VT 05403					
15a	Does the organization have a contract with a third party from whom the organiz revenue?		• •	15a		√
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$		and the			
С	If "Yes," enter name and address of the third party:		-			
	Name ▶					
	Address ▶					
16	Gaming manager information:					
	Name ▶					
	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	☐ Director/officer ☐ Employee ☐ Independent contractor	or				
17	Mandatory distributions:					

a Is the organization required under state law to make charitable distributions from the gaming proceeds to

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 ▶ \$ Non-Stated

retain the state gaming license?

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No.	0. 1545-0047
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public Inspection

ame of the organization						5	
al.					-	03	0123326
General Information on Grants and Assistance	irants and Assistanc	6					
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantse the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cords to substantiate the 1 the grants or assistant or some or	amount c	of the grants or as	sistance, the granteer in the United States.	s' eligibility for the gr	ants or assistance, ar	od C Yes No
Part II Grants and Other Assistance to Governments Form 990, Part IV, line 21, for any recipient that Part IV and Schedule I-1 (Form 990) if additional	ance to Governments for any recipient that Form 990) if additiona	s and Org received space is	and Organizations in the received more than \$5,0 space is needed	he United States. C	and Organizations in the United States. Complete if the organization answered "Yes" to received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use space is needed	nization answered eceived more than	"Yes" to \$5,000. Use
(a) Name and address of organization or government	(b) EIN (c) IRC section if applicable	tlon	(d) Amount of cash grant	(e) Amoun	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHMENT					-		
					-		
					-		
					-		
					-		
 Enter total number of section 501(c)(3) and government organiz Enter total number of other organizations 	(3) and government organizations	zations .					م ۲
or Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	n Act Notice, see the Instr	uctions for	Form 990.		Cat. No. 50055P	S	Schedule I (Form 990) 2009

Page 2

Schedule I (Form 990) 2009

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. line 2, and any other additional Information. (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of reciplents (a) Type of grant or assistance Part III Part IV

Schedule I (Form 990) 2009

Eagles Club Aerie #793 Schedule I Grants, Allocations, Benefits to Members June 2009 through May 2010

06/16/10 Accrual Basis

4:16 PM

906	Date	E	Мате	Memo	Amount
ome Sense FORM 990 PART IX L 1 GRANTS AND / Local Charities			:		
12/1/7 Total Local Charities	12/1/2009 harities	2035	Auxiliary #793	2009 Childrens Christmas Party	500.00
State Aerle Charities 6/20/20 5/8/20	Charities 6/20/2009 5/8/2010	1547 2527	Cathedral of the Pines Cathedral of the Pines	Cathedral of the Pines Cathedral of the Pines	100 00
otal State A	Total State Aerie Charitles				200 00
IL 1 GRAN	Total L 1 GRANTS AND ALLOCATIONS	SNOI			700.00
L 4 Benefits Pd Social Activi General Journal General Journal	Benefits Pd To & For Member Social Activites for Members it Journal 10/24/2009	_ & &		Reim for Food Initiation Drinks	85.00 61.25
Total Social	Total Social Activites for Members	s s			146.25
Total L 4 Benefits	ts Pd To & For Member	nber			146.25
Total FORM 990 PART IX	RT IX				846.25
Total Expense					846.25
					-846.25