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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

Fraternal Order of Eagles Auxiliary

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

P.O. Box 362

City or town, state or country, and ZIP + 4

Kelso WA 98626

D Employer identification number

23-714 9784

E Telephone number

360-425-8330

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) (10) ◀ (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 ► \$ 195,815**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	3008
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	6611
4	Investment income	4	1958
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☒		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	193,527
b	Less: direct expenses other than fundraising expenses	6b	140,330
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	53,197
7a	Gross sales of inventory, less returns and allowances	7a	2288
b	Less: cost of goods sold	7b	1585
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	703
8	Other revenue (describe ►)	8	1069
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	66,546
10	Grants and similar amounts paid (attach schedule)	10	26,418
11	Benefits paid to or for members	11	3154
12	Salaries, other compensation, and employee benefits	12	2220
13	Professional fees and other payments to independent contractors	13	3900
14	Occupancy, rent, utilities, and maintenance	14	6000
15	Printing, publications, postage, and shipping	15	2509
16	Other expenses (describe ►)	16	6204
17	Total expenses. Add lines 10 through 16	17	50,405
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,141
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	98,840
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	114,981

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	98,840	22 114,981
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	98,840	25 114,981
26 Total liabilities (describe ►)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	98,840	27 114,981

25

Expenses

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

28

.....

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

28a

29

.....

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

29a

30

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

30a

31

Other program services (attach schedule)

31a

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

32

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

32

(a) Name and address

(b) Title and average hours per week devoted to position

(c) Compensation
(If not paid,
enter -0-.)

(d) Contributions to employee benefit plans & deferred compensation	
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(e) Expense
account and
other allowances

See attached

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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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?		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
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?		X
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		X
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.		X
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ <u>Anita Morgan-Webster</u> Telephone no. ▶ <u>360-425-8330</u> Located at ▶ <u>609 S. Pacific Ave., Kelso, WA</u> ZIP + 4 ▶ <u>98626</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)?	Yes	No
If "Yes," enter the name of the foreign country: ▶		X
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.?		X
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		X
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		X

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.

- | | Yes | No |
|--|------------|----|
| 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 | 46 | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| b If "Yes," was the related organization a section 527 organization? | 49b | |
- 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."

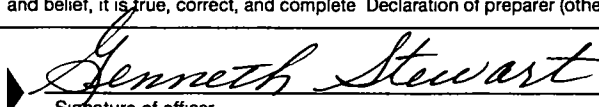
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

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

Sign Here	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.			
	 Signature of officer		August 17, 2010 Date	
	GENNEETH STEWART, MADAM PRESIDENT Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ☐	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

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 Auxiliary

23: 7149784

Part I

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.

- | (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 | | | |
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| 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.

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))
Revenue	1 Gross revenue	185,785		7742	193,527
Direct Expenses	2 Cash prizes	128,758		2846	131,604
	3 Noncash prizes			175	175
	4 Rent/facility costs				
	5 Other direct expenses	8551			8551
	6 Volunteer labor	☒ Yes 100% ☐ No	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(140,330)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				53,197

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>Washington</u>		
a Is the organization licensed to operate gaming activities in each of these states?	9a X	
b If "No," explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," explain:		
11 Does the organization operate gaming activities with nonmembers?	11 X	
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	X

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 ▶ Anita Webster-Morgan

Address ▶ P.O. Box 362 Kelso, WA 98626

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a	X
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- 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 ▶ Anita Webster-Morgan

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ Sells Bingo packets, pays prizes
prepares reports, keeps records

☒ 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 ▶ \$

2009-2010**GRANTS PAID**

DATE	TO WHOM	AMOUNT
JUNE	Emergency Support Shelter	\$500.00
	Home on the Range	\$250.00
	Friends of Kelso Library	\$200.00
	HOME	\$300.00
JULY	Emergency Support Shelter	\$350.00
	Shriner's Children Hospital	\$500.00
	Shrine Football	\$100.00
	Cowlitz Veteran Stand Down	\$100.00
AUGUST	Emergency Support Shelter	\$350.00
	Kelso Flyer's Uniforms	\$240.00
	Kelso School Band Uniforms	\$1,150.00
SEPTEMBER	Emergency Support Shelter	\$350.00
	Hospice	\$200.00
	Diabetes Research	\$1,209.00
	Local Food Drive	\$200.00
OCTOBER	Emergency Support Shelter	\$350.00
	Hospice	\$500.00
NOVEMBER	Emergency Support Shelter	\$350.00
	Home on the Range	\$200.00
	Salvation Army	\$250.00
DECEMBER	Emergency Support Shelter	\$350.00
	Diabetes Research	\$1,014.00
	Beacon Hill School - Dictionaries	\$201.96
JANUARY	Emergency Support Shelter	\$350.00
	Kelso Fast Pitch Team	\$350.00
FEBRUARY	Emergency Support Shelter	\$350.00
	Kelso Girls Softball Team	\$350.00
	Kelso/Carrolls PTA Trip	\$100.00
	Cowlitz Dive Team	\$500.00
	Kelso Senior Class Party	\$100.00
MARCH	Emergency Support Shelter	\$350.00
	9-11 Memorial - Firefighter Union	\$300.00
	Beacon Hill Extreme Team	\$100.00
	Diabetes Research	\$883.00
	Local Youth Easter Party	\$200.00
APRIL	Emergency Support Shelter	\$350.00
	Special Olympics	\$200.00
	Hospice	\$1,300.00
	HOPE Project	\$50.00

MAY

Emergency Support Shelter	\$350.00
Alzheimers	\$1,220.00
Golden Eagle Eye	\$1,025.50
Parkinson's	\$875.00
Cancer	\$1,200.00
Diabetes Research	\$1,030.00
Jimmy Durante	\$1,005.00
Kidney	\$1,650.00
Spinal Cord	\$600.00
Sleep Apnea	\$600.00
Heart Grant	\$1,500.00
Washington State Zipper Club	\$105.00
Eagle Valley	\$105.00
FOE Auxiliary Patriotism	\$105.00
TOTAL	<u>\$26,418.46</u>

2009 990-EZ

Part IV

List of Officers, Directors, Trustees, and Key Employees

	<u>Title/hrs a week</u>	<u>Compensation</u>
Susan Fultz 1006 S. 6th, Kelso, WA 98626	Past President/2	0
Genneth Stewart 804 S. 3rd, Kelso, WA 98626	President/4	0
Adrienne Galvez 1010 Oak St., Kelso, WA 98626	Vice President/2	0
Jo Ann Hartman 2708 Maple, Longview, WA 98632	Chaplain/2	0
Anita Webster-Morgan P.O. Box 362, Kelso, WA 98626	Secretary/25	1940
Elaine Schreiner 3834 Oak St., Longview, WA 98632	Treasurer/2	160
Carolyn Martin 2511 Sunrise St., Kelso, WA 98626	Conductress/2	0
Cindy Baker 2245 52nd Ave., Longview, WA 98632	Inside Guard/2	0
Georgia Brent 902 S. 3rd., Kelso, WA 98626	Outside Guard/2	0
Jo Delmar 1508 Coweeman Dr., Kelso, WA 98626	Trustee/4	0
Carmella Gill 3304 West Side Hwy., Castle Rock, WA 98611	Trustee/4	0
Virginia Rexford 711 Ostrander Rd., Kelso, WA 98626	Trustee/4	0
Ina Beard 173 Beacon Hill Dr., Longview, WA 98632	Sr. Mother/2	0
Carol Farmer 212 Vogel Rd., Castle Rock, WA 98611	Auditor/2	120