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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009 Open to Public Inspection

A	For the 2009 c	alendar year, or tax year beginning 06/01/09 , and ending 05/31	/10		inspection .
	Check if applicable	Please C Name of organization FRATERNAL ORDER OF EAGLES		D Emplo	yer identification numbe
Η,	Address change	label or MILL CITY AERIE #3384			7163743
	Name change	print or Doing Business As type. Number and street (or P O box if mail is not delivered to street address)	Peom/guite		one number
	nitial return	See PO BOX 604	Room/suite		-897-3100
	Fermination	Specific Instruc- City or town, state or country, and ZIP + 4	<u> </u>	G Gross rece	242 44
	Amended return	tions. MILL CITY OR 97360			
\Box	Application pending	F Name and address of principal officer		H(a) is this	a group return for
	77			affiliate	
				H(b) Are all include	
_				If "No,"	attach a list. (see instructions)
	Tax-exempt stat Website: ▶			\dashv	
		n X Corporation Trust Association Other ▶	I Voca of formation	· · · · · · · · · · · · · · · · · · ·	exemption number
		ummary	L Year of formation	1	M State of legal domicile
	4 December	escribe the organization's mission or most significant activities			
Ф					
عاد	•		•	•	
		••			
200	2 Check to	his box $ ightharpoonup$ if the organization discontinued its operations or disposed of more tha	in 25% of its net	assets.	
್ದಿ ಇ	3 Number	of voting members of the governing body (Part VI, line 1a)		3	12
tles	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	223
ti Çi	5 Total nu	mber of employees (Part V, line 2a)		5	5
Ac	6 Total nu	mber of volunteers (estimate if necessary)		6	75
	7a Total gr	oss unrelated business revenue from Part VIII, column (C), line 12		7a	110,56
_	D Net unit	elated business taxable income from Form 990-T, line 34	Prio	r Year	Current Year
OEF & 2700 evenue Activities & Governance	8 Contribu	itions and grants (Part VIII, line 1h)			
Revenue	9 Program	n service revenue (Part VIII, line 2g) RECEIVED		37,716	37,26
Seve		ent income (Part VIII, column (A), lines 3,4, and 7d)		1,137	
IL.		venue (Part VIII, column (A), lines 5, 6tt-8c, ec-t0c()ar& 1719)()		153,834	170,87
		venue – add lines 8 through 11 (must equal Part VIII, column (A), line		192,687	208,15
		and similar amounts paid (Part IX, column (A), lines 1-3)		-	- · · · · · · · · · · · · · · · · · · ·
		paid to or for members (Part IX, column (A), (ii) 640 0 UT , other compensation, employee benefits (Part IX, column (A), lines 5–10)		47,552	47,97
ensea		onal fundraising fees (Part IX, column (A), line 11e)		41,332	41,31
		ndraising expenses (Part IX, column (D), line 25)		· · · · · · · ·	
Ex		openses (Part IX, column (A), lines 11a-11d, 11f-24f)		141,922	147,90
	18 Total ex	penses Add lines 13-17 (must equal Part IX, column (A), line 25)		189,474	195,88
	19 Revenue	e less expenses Subtract line 18 from line 12		3,213	12,26
ts or	00 T-1-1	and (Dark V. Inc. 40)		f Current Year	End of Year
Asse Bala	24 Total lin	sets (Part X, line 16) bilities (Part X, line 26)		L85,872	196,87
Net Assets or Fund Balances	22 Net asse	ets or fund balances Subtract line 21 from line 20		185,872	196,87
_		ignature Block	<u> </u>		
<u> </u>		nder penalties of perjury, I declare that I have examined this return, including accompanying sched	lules and statemer	nts, and to the bes	st of my knowledge
	an	d belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on a	ll information of wh	nch preparer has	any knowledge
Sig	n 📗	Aleorge Mr. Jona		18-	3/-10
He	re /	Signature of officer	_	Date	
			STee		
		1/Type or print name and title	· · · · · · · · · · · · · · · · · · ·		Proporte don't
Pai	A	eparer's Date	se se	eck if	Preparer's identifying numb (see instructions)
	parer's		/26/10 en	nployed 🕨 🔼	P00004094
	e Only F	m's name (or yours Judith R. Frazier, LTC		EIN ▶	
	ँ । ति	self-employed), dress, and ZIP+4 Grants Pass OR 97527		Phone	E41 474 404
		<u> </u>	 	no	541-471-194
Mav	THE IKS DISCU	ss this return with the preparer shown above? (see instructions)			Yes I

Form 990 (2009) FRATERNAL ORDER OF EAGLES Parell Statement of Program Service Accomplishments

1	briefly describe	the organization's mission				
2		ation undertake any significant progr	am services during the year which v	vere not listed on		
	the prior Form 9	990 or 990-EZ? be these new services on Schedule (n	•	-	Yes X No
3		ation cease conducting, or make sig		any program		
	services?	•				Yes X No
4		be these changes on Schedule O. empt purpose achievements for each	h of the organization's three largest	nrogram services by ex	menses	
•		3) and 501(c)(4) organizations and s				
	allocations to ot	hers, the total expenses, and reveni	ue, if any, for each program service	reported		
4a	(Code) (Expenses \$	including grants of \$)	(Revenue \$	
					•	•
		•				
				•		
						•
						•
4 h	(Code) (Expenses \$	including grants of \$		(Revenue \$	
40	(Code) (Expenses \$	including grants of \$,	(Kevenue 2	,
	•			•		
			•	•	•	
	•					
					•	
				-		
4c	(Code) (Expenses \$.	including grants of \$)	(Revenue \$.)
	•	•			_	
	•		•			
	-				- •	
			•			•
						•
4d	Other program	services (Describe in Schedule O)				
	(Expenses \$	including	grants of \$) (Revenue \$		
<u>4e</u>	Total program	service expenses ▶	193,389			Form 990 (2009)
						rom 330 (2009)

	Checklist of Required Schedules					-	
				г		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			ļ	1		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?			- [2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			1			
	candidates for public office? If "Yes," complete Schedule C, Part I				_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete					l	
	Schedule C, Part II			-	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			ĺ			
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			}	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			}			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			Ì			
	complete Schedule D, Part I				6		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1	_		77
_	complete Schedule D, Part III				8		X
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,"						77
	complete Schedule D, Part IV			ł	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			1			v
	quasi-endowments? If "Yes," complete Schedule D, Part V			ŀ	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,					x	
	VII, VIII, IX, or X as applicable	•		ļ	11	â	<u>-</u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete School L. D. Book V.			Ì			
	Schedule D, Part VI			l			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of the total consts reported in Part X, line 163 if "Yes " complete Schedule D, Part XIII.				ļ		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			ļ			į
•	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 163 if "Yes." complete Schedule D. Part VIII.						
_	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 related in Part X, line 15 that is 5% or more of its total assets					1	
	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			ı		i	
•	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			ľ	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	T	es	No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	$\overline{}$		X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<u> </u>	1		13		X
14a					14a		X
b		•		- 1			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b		X
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		X
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			l	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			ſ			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			l	17		X
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			İ	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?						1
	If "Yes," complete Schedule G, Part III			i	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H				20	L	X

19? Note. All Form 990 filers are required to complete Schedule O

Forn	1 990 (2009) FRATERNAL ORDER OF EAGLES 23-7163743		P	age 4
Pe	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
•	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	<u> </u>		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		x
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	1		
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	•			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b				
	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		
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		X
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		X
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)			i
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			-
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		
	Part I .	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	ł		
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	1		

Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0 -find applicable 10	_ }	Statements Regarding Other IRS Filings and Tax Compliance						
U.S. Information Returns Enter 4 if not applicable Differ the number of Forms W2.5 included in line 1a Enter 4 if not applicable Differ the number of Forms W2.5 included in line 1a Enter 4 if not applicable Differ the number of Forms W2.5 included in line 1a Enter 4 if not applicable parming (pambling) wimmings to prize wimens? 22 Enter the number of employees reported on Form W-3. Transmittal of Wape and Tax Saltaments, Rife of the celaridary save anding with or within the year covered by this return 23 Enter the number of employees reported on Form W-3. Transmittal of Wape and Tax Saltaments, Rife of the Celaridary save anding with or within the year covered by Was the originization have unrelated business gross income of \$1,000 or more during the year covered by Was the originization have unrelated business gross income of \$1,000 or more during the year covered by Was the originization have unrelated business gross income of \$1,000 or more during the year covered by Was the originization have unrelated business gross income of \$1,000 or more during the year covered by Was the originization of the foreign country (such as a bank account, securities account, or other financial accountry Was the originization of the foreign country be See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts Was the originizations of the originization that it was or is a party to a prohibited tax shelter transaction? By Was the originization of the originization have an explanation of the foreign prohibited tax shelter transaction of the originization solicl any contributions that it was or is a party to a prohibited tax shelter transaction? Was the originization of the originization that it was or is a party to a prohibited tax shelter transaction? Was the originization of the originization of the originization that it was or is a party to a prohibited tax shelter transaction? Was the originization of the originization of the ori							Yes	No
be Enter the number of Forms W-2G included in line 1a. Enter 0-if not applicable Def the organization comply with backay withholding rules for reportable payments to vendors and reportable payming (gambing) with with ackay withholding rules for reportable payments to vendors and reportable payming (gambing) without provided the payments of the	1a	·	1 1				i	
to but the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) without pot orise wieners? 22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Slatements, filed for the calendar year ending with or within the year covered by this return 14 leads not is reported on line 2, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 33 Dot the organization have unreliated business gross income of \$1,000 or more during the year covered by this return 15 this return (see instructions) 16 Wes, has if filed a Form 990-T for this year? If No.* provide an explanation in Schedule O 17 Mes, has if filed a Form 990-T for this year? If No.* provide an explanation in Schedule O 18 At any time during the calendary ear, did the organization have an interest in, or a significant or other authority over, a financial account? 18 Yes, senter the name of the foreign country (such as a bank account, securities account, or other financial accounts are sent to the foreign country (such as a bank account, securities account, or other financial accounts? 18 Yes, sent the name of the foreign country (such as a bank account, securities account, or other financial accounts? 19 Wes, and the organizations and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 20 With the organization filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 21 Wes, to the significant part of the organization filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 22 With the organization filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 23 With the organization filing foreign 888-FT, Disclosure by Tax-Exempt Entity Regarding Prohibited 1 start Shelter Transaction? 24 With the filing		·	-				i	
againing (gambbing) winnings to prize winners? 2		·						
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filled for the calendary year ending who within the year covered by this return b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2 as ig sealer than 250, you may be required to e-file this return (see instructions) 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If Yes, has it filed a Form 990-T for this year? If YNo,* provide an explanation in Schedule O 3a X and Yes, and the did a Form 990-T for this year? If YNo,* provide an explanation in Schedule O 3b X X 4 any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; see the instructions of exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization behave the entity of the	C		portabl	e				
Statements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required foot all engingement ax returns Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-flie this return (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3	22	•	1 1		1 10			
b If a least one is reported on line 2a, dut the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a ID the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b X 4 All sry time duming 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 accounts account). 5c Was the organization in a provision of the foreign country IP 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 Was the organization a party to a prohibited tax shelter transaction? 5b Was the organization a party to a prohibited tax shelter transaction? 5c If "Yes," of line 5a or 5b, did the organization file Form 8386-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c If "Yes," of the Sa or 5b, did the organization file Form 8386-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c If "Yes," of the organization have annual gross recepts that are normally greater than \$100,000, and did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization belief that were not tax deductible? 5c If "Yes," of the organization and party for goods and services provided on the payor? 5c Organizations that may receive deductible contributions under section 170(c). 5d If "Yes," of the organization notify the donor of the value of the goods or services provided? 5d If "Yes," of the organization notify the donor of the value of t	Za		22	5	1		ļ	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a IX in return? 3b If 'Yes, 'nhas if filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b IX 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, souther financial account)? 4b If 'Yes,' enter the name of the foreign country to which a bank account, souther financial accounts of exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 4a IX 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 4a IX 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 4a IX 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 4b If Yes, 'enter the name of the foreign country If yes the organization have annually greater than \$100,000, and did the organization in the organization flee Form 8889F. Discosure by Tax-Exemplic Entity Regarding Prohibited Tax Shelter Transaction? 5c In If Yes, 'enter the rame annual gross receipts that are normally greater than \$100,000, and did the organization much with every solication an express statement that such contributions or gifts were not tax deductible? 5c In If Yes, 'endeate the number of Form \$200 the very solication an express statement that such contributions or gifts were not tax deductible? 5c If Yes, 'endeate the number of Form \$220 the during the year 5d If Yes, 'endeate the number of Form \$222 filed during the year 5d If Yes, 'endeate the number of Form \$222 filed during	ь				21		X	
anstructors) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 If Yes, *has it filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O 3 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4 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 ▶ 5 If Yes,* reter the name of the foreign country ▶ 5 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxibite party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did was the organization have annual gloss receipts that are normally greater than \$100,000, and did the organization solicit ary contributions by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 Did was the organization have annual gloss receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductible? 5 Did was the organization have annual gloss receipts that are normally greater than \$100,000, and did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5 Did the organization that may receive deductible contributions under section 170(c). 6 Did the organization secure a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Did the organization that may receive deductible organization and services provided? 7 Did the organization developed the payor? 7 Did the organization developed the payor? 7 Did the organization developed the payor? 7 Did the o	_							
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b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f To all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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 organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b Construction of the supporting organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a Bection 501(c)(12) organizations. Enter a Gross income from members or shareholders from members or shareholders from secore from them organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	а	· · · · · · · · · · · · · · · · · · ·	goods					
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			116				1	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417		. 12	a		
	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			ĴĹ		

Form 990 (2009) FRATERNAL ORDER OF EAGLES 23-7163743 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body 12 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? X 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? X Are any decisions of the governing body subject to approval by members, stockholders, or other persons? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a X b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 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 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 X Does the organization have a written document retention and destruction policy? 14 X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b X if "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed 17 None
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply

Own website | Another's website | Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization.

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.

X Check this box if the organization did not compensate any current officer, director, or trustee (A) (C) (E) (F) Name and Title Position (check all that apply) Average Reportable Reportable **Estimated** hours per compensation compensation amount of Officer Institutional from related week from other organizations the compensation employee organization (W-2/1099-MISC) from the nt compensated ree (W-2/1099-MISC) organization Itrustee and related organizations DONALD HUCKEBY 0 JR. PAST PRESIDENT X 0 0 DANIEL MORRIS PRESIDENT 0 0 X 0 SCOTT BAUGHMAN V. PRES X 0 0 0 THOMAS WHITE CHAPLAIN X 0 0 GEORGE LONG 0 0 SECRETARY X 0 TERRANCE SAMUEL CONDUCTOR X 0 0 0 ADAM CROFOOT I. GUARD X 0 0 0 GEORGE LONG TRUSTEE X 0 0 0 DON HUCKEBY TRUSTEE X 0 0 0 JOHN RAIRDON TRUSTEE X 0 0 0 JUSTIN MERRILL X 0 0 0 TRUSTEE ROBERT YATES X 0 0 0 TRUSTEE

Form	990 (2009) · FRATERNAI								23-716		Page &
P.	nt Wil Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpi	oyee	s, a	nd Highest Compensated	d Employees (continued)	
	(A) Name and Title	(B) Average hours per week	-		chec Officer		that a			(E) Reportable compensation from related organizations	(F) Estimated amount of other
			individual trustee or director	Institutional trustee	δ,	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
	-										
	••										
<u>1b</u>	Total							<u> </u>			
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	abov	re) who received more than	1 \$100,000 in	
									· · · · · · · · · · · · · · · · · · ·		Yes No
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Sche	dule	J for	suc	h inc	livid	ıal	-	<u>.</u>	3 X
4	For any individual listed on line the organization and related or individual										4 X
5	Did any person listed on line 1 services rendered to the organ									or	5 X
Sec	tion B. Independent Contract										
1	Complete this table for your fix compensation from the organi	zation	ensa	ited i	inde	enc	lent (cont		· · · · · · · · · · · · · · · · · · ·	
	Name and	(A) business address						_	Descrip	(B) ption of services	(C) Compensation
								Ļ			
								<u> </u>			
								_			
								_			
	Total number of independent			1- 4		l	. 14		· · · · · · · · · · · · · · · · · · ·		

Donations by Members

Total Revenue. See instructions

Total. Add lines 11a-11d

d All other revenue

Form 990 (2009) FRATERNAL ORDER OF EAGLES 23-7163743 Page 9 Part VIII Statement of Revenue (A) Total revenue (D)
Revenue
excluded from tax
under sections
512, 513, or 514 (B) Related or exempt function (C) Unrelated business revenue revenue 1a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d Program Service Revenue and other sim Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Busn. Code 23,957 23,957 2a Dinners 7,561 7,561 MEMBERSHIP DUES ь Bingo 3,433 3,433 2,318 Raffles & Special Projects f All other program service revenue g Total. Add lines 2a-2f 37,269 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (ı) Real (II) Personal 6a Gross Rents Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses \blacktriangleright c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 91,380 b Less. cost of goods sold b 31,958 59,422 59,422 c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 900004 105,062 105,062 11a State Controlled Lottery 531110 5,500 5,500 b Rent Income

894

7,564

110,562

111,456 208,150

90,024

894

Form 990 (2009)

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	All other organizations must co				• • • • • • • • • • • • • • • • • • • •
	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					
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
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				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	44,677	42,443	2,234	
8	Pension plan contributions (include section 401(k)	,-,-	/	-/232	· · , <u>, , </u>
-	and section 403(b) employer contributions)				
9	Other employee benefits			· · · · · · · · · · · · · · · · · · ·	······································
0	Payroll taxes	3,299	3,073	226	
4	· ·	3,233	3,013	220	
'	Fees for services (non-employees).				
	•				
Ð	Legal	651	618	33	
ت س	Accounting	931	919	33	
	Lobbying Professional fundacional continue See Rest IV line 47	<u></u>			
e	• • • • • • • • • • • • • • • • • • • •				
f	Investment management fees				· · · · · · · · · · · · · · · · · · ·
g	·	200			
2	Advertising and promotion	200	200		
3	Office expenses	145	145		
4	Information technology				
5	Royalties	00 151	00 151		
6	Occupancy	20,151	20,151		
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	40	40		
0:	Interest				
!1	Payments to affiliates				
2	Depreciation, depletion, and amortization	5,821	5,821		
23	Insurance				
4	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	<u> </u>			
а	Lottery Prizes	86,313	86,313		
b	cogs	22,073	22,073		
С	Per Capita	2,443	2,443		
d	Bingo Prizes	2,040	2,040		
8	Charitable Contributions	1,125	1,125		
-	All other expenses	6,904	6,904		
5	Total functional expenses. Add lines 1 through 24f	195,882	193,389	2,493	
6	Joint costs. Check here				
-	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				

<u>P</u>	art X	Balance Sheet					raye II
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			45,806	1	63,033
	2	Savings and temporary cash investments		-	38,827	2	38,827
	3	Pledges and grants receivable, net	•	-	30,021	3	30,021
	4	Accounts receivable, net		-			
		•		<u> </u>		4	
	5	Receivables from current and former officers, directors					
		employees, and highest compensated employees. Cor	mpiete Part	111 07			
		Schedule L				5	
	6	Receivables from other disqualified persons (as define					
		4958(f)(1)) and persons described in section 4958(c)(3	(B) Comp	lete	-		
蚁	_	Part II of Schedule L				6	
Assets	7	Notes and loans receivable, net	-	0.050	7		
Ą	8	Inventories for sale or use		-	2,850	8	2,442
	9	Prepaid expenses and deferred charges	1 6	<u> </u>		9	·
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	314,298		L	
	b	Less: accumulated depreciation	10b	221,730	98,389	10c	92,568
	11	Investments—publicly traded securities	<u> </u>		11	 	
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11	Ţ	<u></u>	13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	•	L	·	15	
	16	Total assets. Add lines 1 through 15 (must equal line 3	34)		185,872	16	196,870
	17	Accounts payable and accrued expenses		Ĺ		17	
	18	Grants payable		L		18	
	19	Deferred revenue		. [19	
	20	Tax-exempt bond liabilities				20	
8	21	Escrow or custodial account liability Complete Part IV	of Schedul	e D		21	
Liabilities	22	Payables to current and former officers, directors, trust	tees, key	·			
Ē		employees, highest compensated employees, and disc	qualified	Ĺ			
2		persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated this	rd parties	Ī		23	
	24	Unsecured notes and loans payable to unrelated third	parties	Ī		24	
	25	Other liabilities Complete Part X of Schedule D		Γ		25	· · · · · · · · · · · · · · · · · · ·
	26	Total liabilities. Add lines 17 through 25		· [26	
88		Organizations that follow SFAS 117, check here ▶	and				
Š		complete lines 27 through 29, and lines 33 and 34.					i
ā	27	Unrestricted net assets				27	
Fund Balances	28	Temporanly restricted net assets		Γ		28	
ā	29	Permanently restricted net assets	• •			29	
<u>.</u> 5		Organizations that do not follow SFAS 117, check h	here ▶X	F			
Ē	and complete lines 30 through 34.						
S	30	Capital stock or trust principal, or current funds		<u> </u>		30	
ĕ	31	Paid-in or capital surplus, or land, building, or equipme	ent fund	<u> </u>		31	
188	32	Retained earnings, endowment, accumulated income,		nde -	185,872	32	196,870
Net Assets or	33	Total net assets or fund balances	or onler in		185,872		196,870
Š	34	Total liabilities and net assets/fund balances		-	185,872		196,870

Form **990** (2009)

orm	990 (2009) FRATERNAL ORDER OF EAGLES	23-7163743		Pag	ge 1 2
Po	Financial Statements and Reporting				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Ac	crual Other			
	If the organization changed its method of accounting from a prior year or che	ecked "Other," explain in			ļ
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an inc	ependent accountant?	2a		X
b	Were the organization's financial statements audited by an independent account	ountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assure	es responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of	an independent accountant?	2c		
	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_		
b	If "Yes," did the organization undergo the required audit or audits? If the org	anization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps	aken to undergo such audits	3b		ĺ

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.



Name of the organization **Employer identification number** FRATERNAL ORDER OF EAGLES MILL CITY AERIE #3384 23-7163743 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) 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 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, 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 Protection of natural habitat Preservation of certified historic structure Preservation of open space 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 a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c 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 the taxable year Number of states where property subject to conservation easement is located > 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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 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 (ii) Assets included in Form 990, Part X 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: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

4 Describe in Part XIV the intended uses of	of the organization's endowment f	unds		
Part M Investments—Land, B	uildings, and Equipment.	See Form 990, Par	t X, line 10.	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		27,050		27,050
b Buildings				
c Leasehold improvements				
d Equipment .				
e Other		287,248	221,730	65,518
Total, Add lines 1a through 1e (Column (d) m	ust equal Form 990, Part X, colur	nn (B), line 10(c))	—	92,568

schedule () (Form 990) 20	09 FRATERNAL ORDER OF	EAGLES	23-1163143	Page 3
Part VII Investm	ents—Other Securities. See Form	990, Part X, line 12.		
	escription of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
inancial derivatives				
Closely-held equity interes	ts			
Other				
		_	· · · · · · · · · · · · · · · · · · ·	
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	The second secon			
	qual Form 990, Part X, col (B) line 12) ents—Program Related. See Form	n 990 Part Y line 13		
	Description of investment type	(b) Book value	(c) Method of val	uation
(4)	Description of investment type	(b) book value	Cost or end-of-year m	
	· · · · · · · · · · · · · · · · · · ·	····		
·				
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	201-720-1			
otal. (Column (b) must ed	qual Form 990, Part X, col. (B) line 13.)	<u> </u>		· · · · · · · · · · · · · · · · · · ·
Part IX Other A	ssets. See Form 990, Part X, line		·	
	(a) Description	<u> </u>	· · · · · · · · · · · · · · · · · · ·	(b) Book value
	· · · · · · · · · · · · · · · · · · ·			
·				
				
	qual Form 990, Part X, col (B) line 15)		•	
Part X Other L	iabilities. See Form 990, Part X, lir	ne 25.		
	(a) Description of liability	(b) Amount		
ederal income taxes				
				
	· · · · · · · · · · · · · · · · · · ·			
				
	 			
				
otal. (Column (h) must er	qual Form 990, Part X, col (B) line 25)	•		
((-) 111456 66	1 (a) III /	r	<u>. </u>	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2009 FRATERNAL ORDER OF EAGLES		23-71637	43	Page
Pe	Reconciliation of Change in Net Assets from Form 990 to	Aud	lited Financial State	ement	s
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 lines 3 and 9			10	
	Reconciliation of Revenue per Audited Financial Stateme	ents V	Nith Revenue per R	eturn	<u> </u>
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a		-	
b	Donated services and use of facilities	2b		-	
С	Recovenes of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	<u>l</u>		
_	Add lines 4a and 4b		•	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	
	Reconciliation of Expenses per Audited Financial Statem	ents	with Expenses per	1	irn
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.	۱ ـ	ı		
a	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
_	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	l '	1	3	
٠,	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	40			
	Other (Describe in Part XIV)	4a 4b	·		
	Add lines 4a and 4b	40	<u> </u>	40	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			4c 5	
	Supplemental Information		*************	1	<u>L</u>
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin	nes 1a	and 4. Part IV. lines 1b		
	b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lin				
	art to provide any additional information.				
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Schedule D (F	Supp		<u>ntal</u>	 <u>matio</u>	on (co		 	· –	 			 	 	 	- - - -				
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SCHEDULE O

(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number 23-7163743

FRATERNAL ORDER OF EAGLES MILL CITY AERIE #3384

Form 990, Part III, Line 4d - All Other Achievements

Raise monies for F.O.E. and community projects

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public