

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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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

**Open to Public** Inspection

A	For t	he 2009 ca	alendar	year, or tax year beginning	JUNE 1,	, 2009, and en	ding	MAY 3	<u>1, ,                                    </u>	20 10	
В	Check if	applicable	Please	C Name of organization FRATER	NAL ORDER OF	EAGLES #124	48	D	Employer	identification r	ıumber
_		s change	use IRS label or	Doing Business As					23	759207	5
		change	print or	Number and street (or P O box if mail	is not delivered to street an	ddress) Room	n/suste	E	Telephone	number	
		•	type See	PO BOX 533					207)	364-395	3
$\overline{}$	Initial re		Specific	City or town, state or country, and	d 7IP ± 4	i		<del>-  -`</del>	201 /	504-555	<del></del>
=	Termina		Instruc- tions	RUMFORD, MAIEN 04276	2211 4 4				0		7 500
		ed return	<u> </u>	ne and address of principal officer	<del></del>				Gross receip		7,520
ш	Applicati	ion pending		• •						affiliates? Yes	_
			`	O'LEARY PO BOX 533 RUN		1276	Н(ь)			uded? ☑Yes	
<u> </u>		kempt status	<u> </u>	501(c) ( <b>10</b> ) <b>◄</b> (insert no )	'(a)(1) or 527			If "No," a	attach a lis	t (see instructio	กร)
J		site: 🕨							ption numbe		
K		f organization		oration L Trust L Association L Otl	her 🕨	L Year of form	mation 19	907 M	State of le	gal domicile M	<u>E</u>
P	art I	Summ	ary								
	1	Briefly de	escribe	the organization's mission of	most significant	activities RA	ISE FUND	S FOR	CHARIT	IES AND	
	1			IAL ROOM FOR MEMBERS							
Governance	Ì										
ē											
ove.	2	Check this	hox ► [	if the organization discontinued i	ts operations or dispos	ed of more than 2	25% of its ne	et assets			
Ğ	3			g members of the governing					3		1180
οō v	1 .			pendent voting members of t	• .				4		0
Activities &	4			_	ne governing bod	y (Fait VI, iiiie	: 10)		5		14
훓	t			employees (Part V, line 2a)				•	6		1180
ď	J			volunteers (estimate if neces	• •				7a		0
				lated business revenue from			•	•	$\vdash$		
	D	Net unrei	ated bu	usiness taxable income from	Form 990-1, line 3	<u> </u>		<u></u>	7b	0	0
	1						Pri	or Year	404	Current Yea	
<u>o</u>	8	Contribut	ions an	nd grants (Part VIII, line 1h)				18	,491	1	7,316
Revenue	9	Program	service	revenue (Part VIII, line 2g)					0		0
ě	10	Investme	nt incoi	me (Part VIII, column (A), line	s 3, 4, and 7d)				,380		<u>5,479</u>
				Part VIII, column (A), lines 5,				293	,270	31	4,725
	12	Total reve	nue-a	dd lines 8 through 11 (must eq	ual Part VIII, colum	n (A), line 12)		316	,141	34	7,520
	13	Grants ar	nd simil	ar amounts paid (Part IX, co	Nimp (A) Nines (1-3	) .	<u> </u>				
				or for members (Part IX; col		300					
Expenses				mpensation, employed enefits		(mes 5-10)		153	,127	14	0,601
Ğ				draising fees (Part IX, 👸 ump (		Į O		_			
Š				expenses (Part IX, column (D),		(A)				~	
_						J <u>œ</u>	-	211	,440	21	5,524
	10	Total ove	00000	(Part IX, column (A) lines (1) Add lines 13–17 (must-equal	GUEN DIL	۸۱ الم عجر			,567		6,125
	19	Revenue I	ess exu	enses Subtract line 18 from li	ne 12	±iie 23)			426)		3,605)
ces		1101011001	COO CAP	CONTROL CADALACT III O TO ITOIT!		• •	Beginning			End of Year	
		Tatal and	-4- (D	4 V lone 4C)				1,467			9,214
Asset 1 Bala	20			rt X, line 16)			·		,916		7,647
Net /				Part X, line 26) nd balances. Subtract line 21	from line 20		<del></del>	1,444	·		1,567
	rt II				mont line 20	<del></del>		1,444	,303	1,43	1,301
ГС			ature E	perjury, I declare that I have examine	d this return, including	accompanium cah	and ular and a	rtatomonto	and to th	a bast of my ka	
				e, correct, and complete Declaration							
٥.			1. <i>1</i>	(9-1				1 / 5	٠	( 0 )	
Sig		<del>X</del>	W/m	" reamy				Doto .	-15	70	
He	re	Signa	ture of of		c 1			Date			
		<u></u>	OKI	r Cheary.	J-cretar	·/					
		Type	or print n	name and title		<del></del>					
		Preparer's	: <b>\</b>	,		Date	Check if self-			ifying number	
Paid		signature	<b>y</b> /	C		1001	employed ►	· 🔼   (266	instructions	<i>"</i>	
	arer's			-unigija	w	12/8/10					
•	Only	Firm's nar		LAWRENCE G. DAW	SON		EIN	<b>&gt;</b>			
USE	Orliy	if self-emp address, a		4 PO BOX 821, BANGO	R, MAINE 04402-	0821	Pho	one no 🕨	(207)	659-156	3
May	the l	IRS discu	ss this	return with the preparer show	vn above? (see in	structions)				Yes	No

Form	aan	(2009)

Page	2

Pa	art III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission. RAISE FUNDS FOR CHARITABLE ORGANIZATIONS AND OPERATE SOCIAL ROOM FOR MEMBERS AND	GUESTS
2		Yes 🗹 No
•	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🗹 No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	a (Code) (Expenses \$including grants of \$) (Revenue \$ OPERATION OF SOCIAL ROOM	)
		••
	303,309	
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	CLUB OPERATION	
	36,077	•
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ DONATIONS	)
	46.720	
	16,739	
	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ 356,125 )	
40	Total program service expenses	

1 2 3	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	3	Yes	No ✓
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?  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  Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	2		<del></del>
3	Is the organization required to complete Schedule B, Schedule of Contributors?			/
	candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3		
_	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		1	1
4		4		1
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		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		<b>√</b>
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		/
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
	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_		1
	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, VIII, IX, or X as applicable	11	✓	
	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		<u>'</u>	
•	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.			
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		<b>√</b>
	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.			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	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		<b>✓</b>
	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		✓
	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		✓
	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		✓
	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		✓
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
	If "Yes," complete Schedule G, Part III	19 20		$\overline{}$

Pa	rt 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		<b>√</b>
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>√</b>
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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>✓</b>
25a	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		1
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		<b>√</b>
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		✓
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
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		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		✓
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		✓
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		1
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		✓
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		✓
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		✓
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, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	<b>√</b>	<b>V</b>

Pa	rt 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	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓
2a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>✓</b>	
	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	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		<b>√</b>
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>√</b>
	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		<b>✓</b>
b	organization solicit any contributions that were not tax deductible?			
	gifts were not tax deductible?	6b		
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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>√</b>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>✓</b>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		✓_
9	Sponsoring organizations maintaining donor advised funds.	0-		,
а	Did the organization make any taxable distributions under section 4966?	9a	-	<del></del>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	i l		
	dioss receipts, included on Form 990, Fart Vin, line 12, for public use of clab lacinities	i		
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	. [		
	aloss morne non members of shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a		

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			
			Yes	No
12	Enter the number of voting members of the governing body 14			
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			
2		2	1	
_	any other officer, director, trustee, or key employee?			
3	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?			7
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u> </u>
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		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		,	
	of the governing body?	7a	_ <b>/</b> _	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<b>√</b>	
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	ļ	✓_
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,			
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	- 1	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		Ī	
• •		11	j	
11 1	form?			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a		1
	Does the organization have a written conflict of interest policy? If "No," go to line 13	124		•
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	10h		1
	rise to conflicts?	12b	-	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		/
	describe in Schedule O how this is done	12c		<u> </u>
13	Does the organization have a written whistleblower policy?	13	<b>√</b>	
14	Does the organization have a written document retention and destruction policy?	14	<b>-</b> ✓	
15	Did the process for determining compensation of the following persons include a review and approval by	ļ	ı	
	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>√</b>	
b	Other officers or key employees of the organization	15b	<b>√</b>	
	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?	16a		✓_
b	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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	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	of inte	rest	
	policy, and financial statements available to the public			
	State the name, physical address, and telephone number of the person who possesses the books and recor	ds of	the	
	organization. ► JOHN O'LEARY PO BOX 533 RUMFORD, MAINE 04276			

# 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 compensate any current officer, director, or trustee.										
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)						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
SEE ATTACHMENT										
				Ī						

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees,	an	d Hig	hesi	Compensate	d Employees (	continued)
	(A)	(B)			(0	C)			(D)	(E)	(F)
	Name and title	Average hours per		on (d	· · ·		that ap		Reportable compensation	Reportable compensation	Estimated amount of
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	other compensation
SÉ	ATTACHMENT										
										,	
							_				
		-									
			-								
	Tatal					}			<del></del>		<del>                                     </del>
<u>1b</u> 2	Total  Total number of individuals (including but n	ot limited t	to the	se	liste	d a		<u>►                                    </u>	o received mo	re than \$100	 000 in
_	reportable compensation from the organiza							,			
_											Yes No
3	Did the organization list any <b>former</b> officer employee on line 1a? If "Yes," complete So	chedule J f	or su	ch i	ndıv	ııdu	al				3 🗸
4	For any individual listed on line 1a, is the si the organization and related organizations of individual										4
5	Did any person listed on line 1a receive of services rendered to the organization? If "Y	or accrue o es," compl	comp <i>lete</i> S	ens iche	atıo adul	n fi e J	om a for se	any uch	unrelated orga person .	anization for	5 🗸
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest co compensation from the organization	mpensated	d inde	per	nder	nt c	ontra	ctor	s that received	d more than \$	100,000 of
	(A) Name and business addr	ess							(B) Description of se	ervices	(C) Compensation
2	Total number of independent contractors (in	cluding bu	t not	limit	ted	to th	hose	liste	d above) who	received	

Par			ue	· <del>u</del> <u></u> -	· · · · · · · · · · · · · · · · · · ·	<del></del> 1	··· <u>·</u>	T
	. • • • •	Statement of Neven	<u>uc</u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	1a					
gra	1	Membership dues	1b	17,316				
ts, an	С	Fundraising events	1c	<u> </u>				
igif ilar	d	Related organizations	. 1d					
INS,	е	Government grants (contribution	ns) 1e					
er is	f	All other contributions, gifts, grants			ĺ			
훈등		and similar amounts not included a		L				
Contributions, gifts, grants and other similar amounts		Noncash contributions included in lii	nes 1a-1f \$		47 246			
	n	Total. Add lines 1a-1f	• •	Business Code	17,316			<del>                                     </del>
Program Service Revenue	0-			Dusiness Gode	-			
eve.	2a							
Se F	b	***************************************			_	-		· · · · · · · · · · · · · · · · · · ·
ervi	c d							
S	e							
gra	f	All other program service re						
F.	g							
	3	Investment income (includin	a dividend	s. interest, and			•	
					1,148	0	0	1,148
	4	Income from investment of tax-			14,331	0	0	14,331
	5	Royalties	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>				
		(1)	Real	(II) Personal				
	6a	Gross Rents						
	ь	Less: rental expenses						
	С	Rental income or (loss)		<b>•</b>				
	d		· · ·					
	7a	Gross amount nom sales of	Securities	(II) Other				
		assets other than inventory			-			
	b	Less cost or other basis		]				ļ
		and sales expenses						-
		Gain or (loss) L Net gain or (loss)		· · · · · · ·				
enne			draising					
		events (not including \$						
Re		of contributions reported on	•					
er		See Part IV, line 18	a b			]		
Other Rev		Less direct expenses Net income or (loss) from fu		vents		ĺ		
		` ,	-				<del></del>	
	9a	Gross income from gaming a See Part IV, line 19.	ictivities. . a	800,485				
	b	Less direct expenses	. u	754,584				
		Net income or (loss) from ga		ities . ►	45,901	45,901	0	0
	10a	Gross sales of inventory	/. less					
		returns and allowances	, 1000 a	294,279				
	b	Less: cost of goods sold .	b	179,672	İ			
	С	Net income or (loss) from sale	es of invent		114,607	114,607	0	0
		Miscellaneous Revenue		Business Code				
	11a	OTHER CLUB ACTIVITIES			121,422	121,422		
	b						<del> </del>	
	С							
	-	All other revenue		L	404 405			
1		Total. Add lines 11a-11d		· · · . • • • • •	121,422	204 020		45 470
i	12	Total revenue. See instructi	ons		314,725	281,930	0	15,479

## Part IX Statement of Functional Expenses

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

Total expenses Program servce Sportness Omntrus expenses Omntrus Omn		All other organizations must complete col	umn (A) but are no	t required to comp		(C), and (D).
organizations in the U.S. See Part IV, line 22  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  U.S. See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(i)(3)(8)  Person plan contributions (include section 401(i) and persons described in section 4958(i)(3)(8)  Penson plan contributions (include section 401(i) and section 400(i) employer contributions)  Other employee benefits  Person for services (non-employees)  a Management  b Legal  Accounting  d Lobbying  Protissional fundasing services See Part IV, line 17  If Investment management fees  Other  Politicsional fundasing services See Part IV, line 17  If Investment management fees  Other  Other expenses  11,519		•		Program service		Fundraising
the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benetits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958)(r)(i) and persons described in section 4958)(r)(ii) and persons described in section 4958)(r)(ii) and persons described in section 4958)(r)(ii) and persons described in section 4958)(r)(iii) and section 405(i) employer contributions (include section 401(i)) and section 405(i) employer contributions (include section 405(ii)) and section 405(ii) and persons described in 11,519  116,472  116,472  116,472  116,472  116,472  116,472  116,472  116,472  116,472  115,19  11,519	1					
organizations, and individuals outside the U.S. See Part IV. Ines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(p(i)) and persons described in section 4958(p(i)) and per	2	:				
5 Compensation of current officers, directors, trustees, and key employees of Compensation not included above, to disqualified persons (as defined under section 4958(R)(R)) and persons described in section 4958(R)(R) and persons described in section 4958(R)(R) and persons described in section 4958(R)(R) and section 403(R) employer contributions).  7 Other salaries and wages 1116,472 116	3	organizations, and individuals outside the				
trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(I)(1)) and persons (as defined under section 4958(I)(1)) and persons described in section 4958(I)(3) and persons described in section 4958(I)(1) and 1958(I)(1) and 1958(I)(1) and 1958(I)(1) and 1958(I)(1) and 19	4	Benefits paid to or for members				
persons (as defined under section 4958(p)(1)) and persons described in section 4958(c)3(8)  7 Other salaries and wages  8 Penson plan contributions (include section 401(k) and section 403(b) employer contributions)  9 Other employee benefits  11,519  11	5		12,610		12,610	
8 Penson plan contributions (include section 401(k) and section 403(b) employer contributions).  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees)  a Management  b Legal  c Accounting  d Lobbying  e Professonal fundating services See Part IV, line 17  f Investment management fees  g Other  2 Advertising and promotion  3 Office expenses  10 Occupancy  74,566  74,5	6	persons (as defined under section 4958(f)(1)) and				
and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11,519	7	Other salaries and wages	116,472	116,472		
11,519	8					
1   Fees for services (non-employees)   a Management   b   Legal   c   Accounting   d   Lobbying   e Professional fundraising services See Part IV, line 17   f   Investment management fees   g   Other   20,999   20,99	9	Other employee benefits .				
a Management b Legal c Accounting d Lobbying e Professional fundrasing services See Part IV, line 17 f Investment management fees g Other  22 Advertising and promotion 3 Office expenses 1 Information technology 15 Royalties Cocupancy 74,566 74,56	10	Payroll taxes	11,519	11,519		
b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other  12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings interest 19 Payments to affiliates 20 Depreciation, depletion, and amortization 1 Insurance 21 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) a PAYROLL FEES b DONATIONS 10 CRAND AERIE DUES 14.923 14.923 15.51 12.610 15.61 16.739 16.	11	Fees for services (non-employees)				
d Lobbying Professional fundraising services See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 20,999 20,999 14 Information technology 8 15 Royalties 74,566 74,566 74,566 74,566 74,566 74,566 74,566 75 16 Occupancy 74,566 74,566 74,566 75 17 Travel 155 155 155 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 10,401 1	а	Management				
d Lobbying .	b	Legal				
e Professional fundraising services See Part IV, line 17 f Investment management fees g Other  12 Advertising and promotion . 13 Office expenses . 14 Information technology . 15 Royalties . 16 Occupancy . 17 Travel . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 19 Conferences, conventions, and meetings . 11 Payments to affiliates . 20 Depreciation, depletion, and amortization . 21 Insurance . 22 Depreciation, depletion, and amortization . 23 Insurance . 24 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) . 24 PAYROLL FEES . 25 DONATIONS . 26 GRAND AERIE DUES . 27 All other expenses . 28 All other expenses . 29 All other expenses . 20 Insurance . 21 Advertising . 22 Depreciation, depletion, and amortization . 23 Insurance . 24 Other expenses litemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed . 29 DONATIONS . 20 Insurance . 21 All other expenses . 21 Age . 22 Donations . 23 Insurance . 24 Other expenses shown on line 25 below) . 25 Total functional expenses. Add lines 1 through 24f . 26 Joint costs. Check here ▶ ☐ if following . 27 SOP 98-2 Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and .	С	Accounting .				<u> </u>
f Investment management fees g Other 2 Advertising and promotion 3 Office expenses 20,999 20,999 20,999 30,999 314 Information technology 4 Royalties 5 Royalties 74,566	d	Lobbying .				
f Investment management fees g Other 2 Advertising and promotion 3 Office expenses 20,999 20,999 20,999 30,999 314 Information technology 4 Royalties 5 Royalties 74,566	е	Professional fundraising services See Part IV, line 17				
Advertising and promotion	f	Investment management fees .				
13 Office expenses 20,999 20,999   20,999   14 Information technology   74,566   74,566   155	g	Other				
Information technology   Information   I	12	Advertising and promotion				
Information technology   Royalties   Royalties		- '	20,999	20,999		
74,566   74,566	14					
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses liternize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 28 DONATIONS 29 DONATIONS 30 DONATIONS 40 SALES TAX 50 SALES TAX 51 SALES TAX 52 Total functional expenses. Add lines 1 through 24f 53 SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	15	Royalties				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 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) 26 DONATIONS 27 DONATIONS 28 DONATIONS 29 DONATIONS 20 Insurance 31,284 31	16	Occupancy		74,566		
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance  20 Interest 10,401 10,401  10,4	17		155	155		
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 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)  a PAYROLL FEES b DONATIONS c GRAND AERIE DUES d SALES TAX d SALES TAX d SALES TAX f All other expenses  Total functional expenses. Add lines 1 through 24f SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	18					
20	19	· · · · · · · · · · · · · · · · · · ·	10,401	10,401		
Payments to affiliates Depreciation, depletion, and amortization Insurance  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)  PAYROLL FEES DONATIONS GRAND AERIE DUES SALES TAX ADVERTISING AU other expenses  Total functional expenses. Add lines 1 through 24f SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	20	Interest				
22 Depreciation, depletion, and amortization   31,284   31,284     23 Insurance   19,198   19,198     24 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)   a PAYROLL FEES   1,426   1,426     b DONATIONS   16,739   16,739     c GRAND AERIE DUES   14,923   14,923     d SALES TAX   16,377   16,377     e ADVERTISING   9,456   9,456     f All other expenses   7 total functional expenses. Add lines 1 through 24f   356,125   343,515   12,610     26	21					
24 Other expenses litemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a PAYROLL FEES	22	Depreciation, depletion, and amortization.				
covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  a PAYROLL FEES	23	Insurance	19,198	19,198		
a PAYROLL FEES b DONATIONS c GRAND AERIE DUES d SALES TAX f All other expenses Total functional expenses. Add lines 1 through 24f SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	24	covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
b DONATIONS c GRAND AERIE DUES d SALES TAX e ADVERTISING f All other expenses Total functional expenses. Add lines 1 through 24f SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		· · · · · · · · · · · · · · · · · · ·	1 426	1 126		
C GRAND AERIE DUES  d SALES TAX  e ADVERTISING  f All other expenses  Total functional expenses. Add lines 1 through 24f  25 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						
d SALES TAX e ADVERTISING 9,456  f All other expenses Total functional expenses. Add lines 1 through 24f 25 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						
e ADVERTISING  f All other expenses  25 Total functional expenses. Add lines 1 through 24f  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						
f All other expenses  25 Total functional expenses. Add lines 1 through 24f 356,125 343,515 12,610  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	_				· · · · · · · · · · · · · · · · · · ·	
Total functional expenses. Add lines 1 through 24f  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			3,430	3,430		
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	1 25	Total functional expenses. Add lines 1 through 24f	356 125	343 515	12.610	
		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	330,123	373,313	12,010	

		(A) Beginning of year		<b>(B)</b> End of year
1	Cash—non-interest-bearing	290,852	1	174,085
2	Savings and temporary cash investments	122,793	2	129,901
3	Pledges and grants receivable, net	···	3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key		T	
	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	
<b>ب</b> ک	Notes and loans receivable, net		7	
Assets 8 8	Inventories for sale or use	23,743	8_	33,660
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 418,672.12	676,542	10c	665,883
11	Investments—publicly traded securities	353,889	11	455,685
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)	1,467,819	16	1,459,214
17	Accounts payable and accrued expenses	22,916	17	27,647
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
8 21	Escrow or custodial account liability. Complete Part IV of Schedule D	<del></del>	21	
Liabilities 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		ļ	
-	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 S	Total liabilities. Add lines 17 through 25	22,916	26	27,647
ဍ	complete lines 27 through 29, and lines 33 and 34.	<b>-</b>		
<u>ē</u> 27	Unrestricted net assets	791,277	27	793,331
<u>m</u> 28	Temporarily restricted net assets	070 5:0	28	
29	Permanently restricted net assets	676,542	29	665,883
or Fund Balance	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
र्क्ष 30	Capital stock or trust principal, or current funds		30	
g 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets 30 31 32 33	Retained earnings, endowment, accumulated income, or other funds	<del></del>	32	
	Total net assets or fund balances	1,467,819	33	1,459,214
34	Total liabilities and net assets/fund balances	1,444,903	34	1,431,567

Pai	t XI Financial Statements and Reporting			_
			Yes	No
1	Accounting method used to prepare the Form 990			
	Schedule O	( (		
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	<b>√</b>	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	0-	,	
	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	}	- 1	
За	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 organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

#### SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

	ne of the organization				er identification number
_	ATERNAL ORDER OF EAGLES #1248			23 :	7592075
Pa	Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Similar " to Form 990, Part IV, line 6.	Fund	ds or A	Accounts. Complete if
		(a) Donor advised funds		(b) Fu	nds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and funds are the organization's property, subj				advised . Yes No
6	Did the organization inform all grantees, do used only for charitable purposes and not purpose conferring impermissible private by	for the benefit of the donor or donor advi	sor, o	r for any	y other
Рa	rt II Conservation Easements. Comp	penefit?  Dete if the organization answered "Yes"	" to F	orm 990	O Part IV line 7
1	Purpose(s) of conservation easements held Preservation of land for public use (e g Protection of natural habitat	by the organization (check all that apply), recreation or pleasure)	). on of a	an histor	rically important land area ied historic structure
2	Preservation of open space Complete lines 2a through 2d if the organiz easement on the last day of the tax year.	ation held a qualified conservation contribi	ution ı	n the fo	rm of a conservation
					Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation ea		•	2b	
c	Number of conservation easements on a c			2c	
d	Number of conservation easements include			2d	
3	Number of conservation easements modified the tax year ▶		termi	nated b	y the organization during
4	Number of states where property subject t	o conservation easement is located ▶			
5	Does the organization have a written policy violations, and enforcement of the conserv	regarding the periodic monitoring, inspec	ction,		
6	Staff and volunteer hours devoted to monit			asemen	· · · · · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring  \$ \\$	, inspecting, and enforcing conservation e	easem	nents du	uring the year
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		nts of	section	Yes No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conservations.	reports conservation easements in its revene text of the footnote to the organization			ense statement, and
Pa		ections of Art, Historical Treasures, of vered "Yes" to Form 990, Part IV, line 8.		er Simi	lar Assets.
1a	If the organization elected, as permitted unart, historical treasures, or other similar asse provide, in Part XIV, the text of the footnote	ts held for public exhibition, education, or r	resear	ch in fur	therance of public service,
b	If the organization elected, as permitted unit historical treasures, or other similar assets provide the following amounts relating to the (i) Revenues included in Form 990, Part Vi	held for public exhibition, education, or re nese items.			
	(ii) Assets included in Form 990, Part X .			. •	<b>&gt;</b> \$
2	If the organization received or held works following amounts required to be reported		ar asse	ets for f	- '
a b	Revenues included in Form 990, Part VIII, li Assets included in Form 990, Part X			•	► \$ ► \$

Page	2

Pa	rt III Organizations Maintain	ing Collections	of Art, F	listorica	l Treasures,	or O	ther Similar	Assets (continued)	
3	Using the organization's acquisition collection items (check all that app		other reco	ords, che	ck any of the	follow	ring that are a	a significant use of its	
а	Public exhibition		d		oan or excha				
b	Scholarly research		е		Other				
С	Preservation for future genera	tions							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.								
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be maint	ained as p	part of the	e organization'	s colle	ction?	. Yes No	
Pa	rt IV Escrow and Custodial A IV, line 9, or reported an					nswer	ed "Yes" to	Form 990, Part 	
	Is the organization an agent, truste included on Form 990, Part X?			-		ns or	other assets	not	
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the	e followir	ng table:		<del></del>	Amount	
						1c	<b></b>	Amount	
C	•		•	•		<u> </u>	<del></del>		
d	<del>-</del> -					1d	<del> </del>		
e	Distributions during the year					1e	<del> </del> -	<del></del>	
f	Ending balance						L	Yes No	
b	Did the organization include an amilf "Yes," explain the arrangement in	Part XIV.							
Pa	rt V Endowment Funds. Co	(a) Current year	<del></del>		(c) Two years t		m 990, Pan (d) Three years b		
		(a) Current year	(B) Pil	or year	(c) Two years t	Jack	(d) Three years b	ack (e) Four years back	
1a	Beginning of year balance		<del> </del>		<del>                                     </del>		<del></del>		
b	Contributions	<del></del>	<del> </del>		<del> </del>				
С	Net investment earnings, gains, and losses	····							
d	Grants or scholarships		<del></del>						
е	Other expenditures for facilities and programs	<del></del>							
f g	Administrative expenses . End of year balance								
2	Provide the estimated percentage of	f the year end ba	lance hel	d as.					
а	Board designated or quasi-endown	nent ▶	%						
b	Permanent endowment ▶	%							
C	Term endowment ▶%	ó							
За	Are there endowment funds not in th	e possession of th	ne organiz	ation tha	t are held and	l admı	nistered for th	ne	
	organization by:							Yes No	
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
	If "Yes" to 3a(ii), are the related orga					•		. <u>3b</u>	
4	Describe in Part XIV the intended us						10		
Pai	t VI Investments—Land, Bu				<del></del>				
	Description of investment	(a) Cost or ot (investm			st or other s (other)		ocumulated preciation	(d) Book value	
1a	Land , ,								
b	Buildings		940,360				300,477	639,883	
С	Leasehold improvements								
d	Equipment , , , , ,	.	144,195				118,195	26,000	
	Other	_ <u>.l</u>							
Tota	I. Add lines 1a through 1e. (Column (d) i	must equal Form 9	90, Part X,	, column (	(B), line 10(c) )		▶	665.883	

Part VII Investments—Other Secu		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests .		
Other		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12		
	elated. See Form 990, Part X, lir	ne 13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	<del></del>	
		<del></del>
	I I	
		(b) Book value
	0, Part X, line 15.	(b) Book value
	0, Part X, line 15.	(b) Book value
	0, Part X, line 15.	(b) Book value
	0, Part X, line 15.	(b) Book value
	0, Part X, line 15.	(b) Book value
	0, Part X, line 15.	(b) Book value
	0, Part X, line 15.	(b) Book value
	0, Part X, line 15.	(b) Book value
	0, Part X, line 15.	(b) Book value
Part IX Other Assets. See Form 99	0, Part X, line 15. (a) Description	
Part IX Other Assets. See Form 99  Otal. (Column (b) must equal Form 990, Part X	O, Part X, line 15.  (a) Description  col. (B) line 15)	(b) Book value
Part IX Other Assets. See Form 99  Otal. (Column (b) must equal Form 990, Part X  Part X Other Liabilities. See Form	0, Part X, line 15.  (a) Description  (b) Inne 15	
Other Assets. See Form 99  Otal. (Column (b) must equal Form 990, Part X  Part X Other Liabilities. See Form  (a) Description of liability	O, Part X, line 15.  (a) Description  col. (B) line 15)	
Other Assets. See Form 99  Otal. (Column (b) must equal Form 990, Part X  Part X Other Liabilities. See Form  (a) Description of liability	0, Part X, line 15.  (a) Description  (b) Inne 15	
Other Assets. See Form 99  Otal. (Column (b) must equal Form 990, Part X  Part X Other Liabilities. See Form  (a) Description of liability	0, Part X, line 15.  (a) Description  (b) Inne 15	
Part IX Other Assets. See Form 99  Otal. (Column (b) must equal Form 990, Part X  Part X Other Liabilities. See Form  . (a) Description of liability	0, Part X, line 15.  (a) Description  (b) Inne 15	
Part IX Other Assets. See Form 99  Otal. (Column (b) must equal Form 990, Part X  Part X Other Liabilities. See Form  . (a) Description of liability	0, Part X, line 15.  (a) Description  (b) Inne 15	
Part IX Other Assets. See Form 99  Otal. (Column (b) must equal Form 990, Part X  Part X Other Liabilities. See Form  . (a) Description of liability	0, Part X, line 15.  (a) Description  (b) Inne 15	
Part IX Other Assets. See Form 99  Otal. (Column (b) must equal Form 990, Part X  Part X Other Liabilities. See Form  (a) Description of liability	0, Part X, line 15.  (a) Description  (b) Inne 15	
Part IX Other Assets. See Form 99  Otal. (Column (b) must equal Form 990, Part X  Part X Other Liabilities. See Form  (a) Description of liability	0, Part X, line 15.  (a) Description  (b) Inne 15	
Part IX Other Assets. See Form 99  Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form  (a) Description of liability	0, Part X, line 15. (a) Description  , col. (B) line 15)  990, Part X, line 25.	
Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form	0, Part X, line 15. (a) Description  , col. (B) line 15)  990, Part X, line 25.	
Part IX Other Assets. See Form 99  Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form  (a) Description of liability	0, Part X, line 15. (a) Description  , col. (B) line 15)  990, Part X, line 25.	
Part IX Other Assets. See Form 99  Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form  (a) Description of liability	0, Part X, line 15.  (a) Description  col. (B) line 15)  990, Part X, line 25.  (b) Amount	

2ans	. 4

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	aten	nents
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	<u> </u>
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	5.4
Par	T XII Reconciliation of Revenue per Audited Financial Statements With Revenue		r Heturn
1	Total revenue, gains, and other support per audited financial statements	1	<del> </del>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	-{	
b	Donated services and use of facilities	┨	
С	riccoveries of prior year grants	1	
d	Other (Beschoe III at XIV)	2e	
	Add lines 2a through 2d	3	<del></del>
3	Subtract line 2e from line 1	-3	<del> </del>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	
a	investment expenses not included out form 950, Fait vin, line 75	-	
b	Other (Describe III Fait XIV.)	40	
5	Add lines 4a and 4b	5	<del></del>
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens		
1	Total expenses and losses per audited financial statements	1	Ţ
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	_	
a	Donated services and use of facilities	1	
b	Prior year adjustments	7	
c	Other losses 2c	7	
d	Other (Describe in Part XIV.)	7	
e	Add lines 2a through 2d	2e	<u> </u>
3	Subtract line 2e from line 1	_3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)	╛	
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	<u></u>
	t XIV Supplemental Information		
and :	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d an part to provide any additional information.	d 4, 1 d 4b.	Part IV, lines 1b . Also complete
<b></b> .			
			,

Schedule D (Form	990) 2009 Pag	e 5
Part XIV	Supplemental Information (continued)	_
		_
		<b>-</b>
		,
		• • • •
		• • • •
		<b>.</b> .
		<b>-</b> -

#### SCHEDULE G (Form 990 or 990-EZ)

## **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

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization FRATERNAL ORDER OF EAGLES #1248 23 7592075 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. Mail solicitations e l Solicitation of non-government grants Internet and email solicitations Solicitation of government grants ☐ Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (vi) Amount paid to (or retained by) (i) Name of individual (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (II) Activity custody or control of contributions? (or retained by) fundraiser listed in or entity (fundraiser) from activity organization col (i) Yes No 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.

P	art II	Fundraising Events. C more than \$15,000 on F					or rep	ortec	t
			(a) Event #1	(b) Event #2	(c) Other events	(d)	Total e	through	h
a)			(event type)	(event type)	(total number)	ļ	col (c	i) 	
Revenue	1	Gross receipts							
Re	2	Less Charitable							
		contributions	<u> </u>			├			
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
	_					ŀ			
	5	Noncash prizes							
ses	6	Rent/facility costs				<u> </u>			
Exper	7	Food and beverages				<u> </u>			
Direct Expenses	8	Entertainment				<u></u>			
۵	9	Other direct expenses							
	10	Direct expense summary Ad	ld lines 4 through 9 in c	olumn (d)	•	1,			)
_	11	Net income summary Comb	nne line 3, column (d), a	nd line 10 <u>, .</u> .	•				
Pá	irt III	Gaming. Complete if than \$15,000 on Form		vered "Yes" to Form	990, Part IV, line 19,	or rep	ortec	om t	re
		· · · · · · · · · · · · · · · · · · ·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		otal ga		
Revenue				Dirigo/progressive birigo			17 111100	<del></del>	
<u>~</u>	1	Gross revenue	264,115		536,370	<u> </u>		800	,485
ses	2	Cash prizes .	243,000		372,478			615	5 <u>,478</u>
Direct Expenses	3	Noncash prizes .							
ش خ	J	·							
Dire	4	Rent/facility costs .	8,581			<del> </del>		8	3,581
	5	Other direct expenses	15,143	☐ Yes %	115,382	<del> </del>		130	,525
	6	Volunteer labor	☐ Yes 80 % ☐ No	☐ Yes%	☐ Yes 80 % ☐ No		<u>-</u> _		
	7 Direct expense summary Add lines 2 through 5 in column (d)								584)
	8	Net gaming income summary	Combine line 1, colur	nn d, and line 7	<u> </u>	L		_	,901
•	Ent	ear the state(s) in which the o	raanization aparatas as	amina sotivitias:			<u> </u>	Yes	No
9 a		er the state(s) in which the o he organization licensed to o			es? .	· · · · ·	9a	1	<u></u>
b	If "	No," explain				[			}
							10a		
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If "Yes," explain.								<b>✓</b>
ט									
11	Dos	es the organization operate g	aming activities with no	onmembers?			11	1	
12	ls t	he organization a grantor, be	neficiary or trustee of a	trust or a member of					,
	torr	ned to administer charitable	gaming /	<u></u>	<u>.</u>		12	لـــــا	_ ✓

Sche	dule G (Form 990 or 990-EZ) 2009		F	age 3
			Yes	No
13 a	Indicate the percentage of gaming activity operated in  The organization's facility			
b	An outside facility	1		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶		ļ	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		<b>✓</b>
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			 
С	If "Yes," enter name and address of the third party.			ļ
	Name ▶			
	Address >			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		1
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 ▶ \$			

Schedule G (Form 990 or 990-EZ) 2009

#### SCHEDULE O (Form 990)

Name of the organization

# **Supplemental Information to Form 990**

OMB No 1545-0047
2009

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection
Employer identification number

FRATERNAL ORDER OF EAGLES #1248	23	1	7592075	
PT V1A LINE 2 MANY FAMILIES JOIN THE EAGLES				
PT VIA LINE 6 WE HAVE 1180 DUES PAYING MEMBERS				
PT VIA LINE 7A ALL MEMBERS MAY VOTE	<b></b>			
PT VIA LINE 7B ALL MEMBERS MAY VOTE ON ALL BUSINESS				
PT VIA LINE 10 BOTH AERIE AND GRAND AERIE REVIEW FORM 990				
PT VIB LINE 12 GRAND AERIE POLICIES REQUIRE SOUND BUSINESS PRACTICES				
PT VIB LINE 15 MEMBERS VOTE ON COMPENSATION AND BUDGETS				
PT VIC LINE 19 ALL DOCUMENTS ARE AVALIABLE UPON REQUEST				<b>-</b>
			···	
				- <b></b> -
			·	

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
	<b>;</b>

## BENEFITS TO MEMBERS OR SURVIVORS

DATE	NAME	AMOUNT	TYPE
		0	

## FRATERNAL ORDER OF EAGLES #1248

## FEDERAL ID #23-7592075

### SUPPORTING SCHEDULE FORM 990 PART IV LINE #54

24 SHARES CENTRAL \	\$1,680.00		
67 SHARES NARRAGANSETT ELEC		\$3,140.62	
776 SHARES UTILITY		\$20,137.20	
1 MONEY MARKET		\$7,604.62	
1 LONG TERM CD#	8172734	\$122,965.43	
1 LONG TERM CD#	8173166	\$151,703.93	
1 LONG TERM CD#	8168262	\$148,452.99	
		\$455 684 79	

	INVENTORY	RUMFORD #1248			
				DEPRECIATION	
DATE	DESCRIPTION	TERM	COST	<b>CURRENT YEAR</b>	BALANCE
	NEW BUILDING	40 YR	\$599,432.00	\$14,985.80	\$382,137.90
Jan-97	DUCT WORK	20 YR	6,811.04	340.55	2,270.37
Jan-97	ROOF	20 YR	1,610.00		536.67
Jun-97	KITCHEN UPGRADE	20 YR	4,601.08	230.05	1,629.59
Jul-97	STORAGE SHED	20 YR	900.00	45	322.50
Mar-98	NEW ROOM	40 YR	15,000.00	375	10,437.50
Mar-00	IMPROVEMENTS	40 YR	54,868.12	1,371.70	40,922.52
Nov-00	IMPROVEMENTS	40 YR	54,134.28	1,353.36	41,164.58
Jan-2001	BINGO DOOR LOCK	40 YR	3,493.30	87.33	2,670.93
May-2001	KITCHEN EQUIPMENT	10 YR	5,576.82	557.68	557.70
May-2001	STEAM TABLE	10 YR	1,095.00	109.5	109.50
Jun-2001	KITCHEN EQUIPMENT	10 YR	4,876.20	487.62	487.62
Jul-2001	FREEZER	10 YR	2,279.07	227.91	246.87
Jul-2001	AIR CONDITIONING	20 YR	5,343.50	267.17	2,961.23
Aug-2001	ROOF	40 YR	42,187.00	1,054.67	32,870.74
Sep-2001	STEAMER	20 YR	2,892.75	144.64	1,627.15
Nov-2001	TICKET STORAGE ROOM	40 YR	6,000.00	150	4,712.50
Dec-2001	LAUNDRY EQUIPMENT	10 YR	2,500.00	250	375.00
Dec-2001	FURNACE	20 YR	5,813.72	290.68	3,342.94
Jan-2002	FURNITURE	10 YR	14,861.05	1,486.10	2,353.04
Apr-2002	KITCHEN CABINET	40 YR	7,200.00	180	5,730.00
May-2002	DISHWASHER	10 YR	4,234.19	423.42	811.55
Jun-2002	AIR CONDITIONER	7 YR	419.95	5.02	0.00
Apr-2003	PIANO	20 YR	1,000.00	50	645.83
Oct-2003	SPEAKERS	10 YR	3,065.61	306.56	1,021.88
Dec-2003	CHAIRS	7 YR	1,299.00	185.57	92.80
Aug-2004	COPIER	7 YR	3,360.00	480	560.00
Nov-2004	AIR CONDITIONER	7 YR	861.39	123.06	210.20
Apr-2005	<b>BUILDING IMPROVEMENTS</b>	40 YR	101,585.78		
May-2005	COMPUTER	7 YR	2,685.83	383.69	740.93
Oct-2005	DISHWASHER	10 YR	4,822.50	482.25	2,604.61
Feb-2006	FLOOR REPAIR	20 YR	3,736.06	186.8	2,938.53
Apr-2006	FLAG POLE	20 YR	1,774.50	88.72	1,410.01
Dec-2006	ELECTRONICS EQU	7 YR	1,593.75	227.68	806.36
Mar-2007	AIRCONDITIONING	7 YR	4,790.63	684.38	2,574.00
Apr-2007	NEW FLOOR	20 YR	1,710.00	85.5	1,449.11
Oct-2007	NEW TV'S	7 YR	2,409.27	344.18	2,844.48
Dec-2007	NEW COMPUTER	7 YR	1,408.16	201.17	922.00
Nov-2009	IMPROVEMENTS	40 YR	14,317.93	178.97	14,138.96
Nov-2009	IMPROVEMENTS	10 YR	2,658.00	132.90	2,525.10
Jan-2010	NEW TV	7 YR	504.00	24.00	480.00
Mar-2010	ATM	7 YR	3,144.75	74.87	3,069.88
	FULLY DEPRECIATED		81,699.10		
	TOTALS		\$1,084,555.33	\$31,283.64	\$665,883.21

PART V-A
LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME ADDRESS LEO COUTURE RUMFORD, ME.	TITLE TIME SECRETARY 25 HRS WK	CONP. \$1,563.60	\$0.00	<b>EXP.</b> \$0.00
JOHN O'LEARY RUMFORD, ME.	SECRETARY 25 HRS WK	\$3,846.65	\$0.00	\$0.00
LOUISE KAULBACK RUMFORD, ME.	TREASURER 15 HRS WK	\$300.00	\$0.00	\$0.00
ALLAN GALLANT RUMFORD, ME.	BEANO CHAIR. 10 HRS WK	\$2,350.00	\$0.00	\$0.00
LOUISE KAULBACK RUMFORD, ME.	BEANO CHAIR. 10 HRS WK	\$3,050.00	\$0.00	\$0.00
JOHN PERRY RUMFORD, ME.	TRUSTEE 2 HRS WK	\$300.00	\$0.00	\$0.00
DAVID LAURINATIS MEXICO, ME	TRUSTEE 2 HRS WK	\$300.00	\$0.00	\$0.00
MARK GARDNER RUMFORD, ME.	TRUSTEE 2 HRS WK	\$300.00	\$0.00	\$0.00
ED FONTAINE 111 RUMFORD, ME	TRUSTEE 2 HRS WK	\$300.00	\$0.00	\$0.00
TIM LECOUR RUMFORD, ME	TRUSTEE 2 HRS WK	\$300.00 \$12,610.25	\$0.00	\$0.00