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EAGLE'SAUX 10/12/2010 9 00 PM

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 calendar year, or tax year beginning 06/01/09, and ending 05/31/10							
B Check if applicable   Please   C Name of organization   FRATERNAL ORDER OF THE EAGLES   LADIES AUXILIARY	D Employ	er identification number					
Address change label or label or Change Address Address Change	─  <sub>23</sub> -	7592712					
Name change		ne number					
linitial return See 2500 10TH ST SW	See 2500 10TH ST SW 256-858-0450						
Termination Specific Instruc- City or town, state or country, and ZIP + 4	G Gross receip	ots \$ 62,776					
Amended return tions. HUNTSVILLE AL 35805	_						
Application pending F Name and address of principal officer	H(a) Is this a	group return for					
	affiliates H(b) Are all a	ffiliates 🗔					
	included	Yes No					
I Tax-exempt status	II NO, 3	attach a list (see instructions)					
J Website: N/A	H(c) Group e	xemption number ► 0102					
K Type of organization X Corporation Trust Association Other ► L Year of formation		State of legal domicile					
Part I Summary							
Briefly describe the organization's mission or most significant activities							
SEE SCHEDULE O							
2 Check this box  if the organization discontinued its operations or disposed of more than 25% of its net 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34  Prio 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)							
2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net	1 1						
3 Number of voting members of the governing body (Part VI, line 1a)	3						
4 Number of independent voting members of the governing body (Part VI, line 1b)	5						
5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary)	6						
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	7,862					
b Net unrelated business taxable income from Form 990-T, line 34	7b	6,862					
Prio	r Year	Current Year					
8 Contributions and grants (Part VIII, line 1h)							
9 Program service revenue (Part VIII, line 2g)	18,589	18,962					
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	464	8					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,533	43,806					
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	86,586	62,776 55,226					
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	41,131	33,220					
14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,033	10,004					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25) ▶		20,000					
b Total fundraising expenses (Part IX, column (D), line 25) ▶							
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	22,807	26,608					
18 Total expenses Add lines 13–17 (must equal Part IX, column (A); line 25)	70,971	91,838					
19 Revenue less expenses Subtract line 18 from line 12 K . C L V L V	15,615	-29,062					
ω <sup>Q</sup> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	f Current Year	End of Year					
20 Total assets (Part X, line 16)	101,317	72,255					
±0  ±1 1001 1001	101,317	72,255					
Part II Signature Block	101,31,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Under penalties of perjury, I declare that I have examined this return; including accompanying schedules and statemen	nts, and to the hee	of my knowledge					
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of wh	nich preparer has a	ny knowledge					
Sign Judy Kinx							
Here Signature of officer ,	Date	10 19					
JULY KING, SECRETARY		10-13-10					
Type or print name and title							
	neck if	Preparer's identifying number (see instructions)					
Paid signature BRENDA J MORRISON 10/12/10 em	nployed ▶	P00092046					
Preparer's  Ilse Only  Firm's name (or yours BRENDA J. MORRISON CPA, PC	EIN ▶	63-1027959					
if self-employed), 704 WARD AVE NE	Phone						
address, and ZIP + 4 HUNTSVILLE, AL 35801-3658	no 🕨	<u>256-533-1113</u>					
May the IRS discuss this return with the preparer shown above? (see instructions)		Yes No					
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2009)					

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$

) (Revenue \$

Form **990** (2009)

Pa	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1_		X
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			
	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			
	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)			
	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,"			
	complete Schedule D, Part I	6		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			!
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	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 related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		l I	7
	Schedule D, Parts XI, XII, and XIII	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No  If "Yes." completing Schedule D. Parts XI. XII. and XIII is optional  12A X			
40		42	1	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144	<del>                                     </del>	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14b		x
4 =	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140	<del>                                     </del>	
15	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	<del></del>		<del></del>
16	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	<del>''`</del>		† <del></del>
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>'''</del>		T
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		<u> </u>	T
	If "Yes," complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
=-			. 990	(2009

Part 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	Х	
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	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		<u> </u>
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		<u> </u>
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		
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		
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		<u> </u>
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)			
	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		<u> </u>
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,			77
	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			7.7
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	١		7.7
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<b>.</b>
	Schedule N, Part II	32		X
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	<b></b>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	١.,	}	<b>.</b>
	III, IV, and V, line 1	34	<del> </del> -	X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			v
	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			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	$\vdash$	<del> </del>
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,			v
	Part VI	37	<del>                                     </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		T.	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

Statements Regarding Other IRS Filings and Tax Compliance Part V 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 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 X 4a account)? 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 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c 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 X organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с 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 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 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 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Entera Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009) FRATERNAL ORDER OF THE EAGLES Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Scriedule O. See instructions.			
<u>Sec</u>	tion A. Governing Body and Management		1	
10	Enter the number of voting members of the governing body		Yes	No
1a	* '			:
b	Enter the number of voting members that are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			i
2	any other officer, director, trustee, or key employee?	2		x
2	Did the organization delegate control over management duties customarily performed by or under the direct	-		
3		3		x
4	supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
4	Did the organization make any significant changes to its organizational documents since the prior room 950 was need.  Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
5	Does the organization have members or stockholders?	6		<u>x</u>
6	Does the organization have members, stockholders, or other persons who may elect one or more members			
7a		7a		X
	of the governing body?	7a 7b		X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7.0		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			İ
_	the year by the following		x	İ
a	The governing body?	8a 8b	X	_
b	Each committee with authority to act on behalf of the governing body?	80		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			х
<u></u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)		V	
	D. H. A. J.	40-	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?	10a		
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	406		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		x	
44-	form?	11	Λ.	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	420		X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	425		
	rise to conflicts?	12b		<b> </b>
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		x
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			ĺ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			ĺ
16a				•
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			ĺ
	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		L
-	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X 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			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization >			

# 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) Name and Title	(B) Average hours per			chec		that a		(D) Reportable compensation	(E) Reportable compensation	(F) 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 from the organization and related organizations
JUDY KING SECRETARY								4,060	0	0
JAN MASON										
TREASURER							ļ	2,256	0	0
VIRGIE HUDGINS PRESIDENT								o	o	0
DEBBIE REED										<u>-</u>
V-PRESIDENT								0	0	0
		_			_	$\vdash$			· · · · · · · · · · · · · · · · · · ·	
										-
	1	_				_				
	<u> </u>		_		<u> </u>					
				L	1			L	l	L

rd	(A) Name and Title	(B) Average			((	C)	that a		(D) Reportable	(E) Reportable		(F) stimated	
		hours per week	Individual trustee or director	_	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con f org ar	mount of other npensation rom the ganization id related anizations	
										•			
		-											
						_					-		
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		1	ļ								<u> </u>	<del>-,</del>	
						-							
									, , , , , , , , , , , , , , , , , , ,				
	Total	<u> </u>							6,316				
2	Total number of individuals (in	-			thos	e lıs	ted a	bov			l		
	reportable compensation from	the organization	<u> </u>	0								Yes	No
3	Did the organization list any for employee on line 1a? If "Yes,"								yee, or highest compensat	ted		3 Tes	No X
4	For any individual listed on lin the organization and related o	e 1a, is the sum	of re	porta	able	com	pens	atio					v
5	individual  Did any person listed on line 1 services rendered to the organ									r		5	X
Sec	ction B. Independent Contract	ors											
1	Complete this table for your fir compensation from the organi	zation	ensa	ted ı	ndep	end	lent c	ontr		·			
	Name and	(A) business address							Descrip	(B) tion of services		(C) Compens	ation
												<del></del>	
								ļ					
													-
2	Total number of independent		_				ed to	thos	se listed above) who receiv	red			
DAA	more than \$100,000 in compe	ensation from the	orga	anıza	ation	<b>&gt;</b>		_				0 Form <b>99</b> 0	0 (2009)

Pa	rt V	III Statement of Reve	nue					·
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	4.	Federated campaigns	1a			Teveriue		312, 313, 01 314
ant	h	Membership dues	1b					
ρĘ	0	Fundraising events	1c					
ar a	4	Related organizations	1d					
S, E	u	Government grants (contributions)	1e					
Sign	e	All other contributions, gifts, grants,	10					
E E	'	and similar amounts not included above	1f					
d i	g	Noncash contributions included in lines 1a-						
SE	h	Total. Add lines 1a-1f	" •	▶ 1				
Program Service Revenue   Contributions, gifts, grants and other similar amounts		100117100101011	*.	Busn. Code				······································
le l	2a	MEMBERSHIP DUES			18,962	18,962		
Se	b							
ig	С							
Şe	d							
틅	е							
ğ	f	All other program service reve	nue					
4	g	Total. Add lines 2a-2f		<b>•</b>	18,962			
	3	Investment income (including	dividends, inte	erest, and				
		other similar amounts)		▶	8	8		
	4	Income from investment of tax	-exempt bond	proceeds 🕨 📙				
	5	Royalties	<del></del>	<b>•</b>				······
		(ı) Real	(11	) Personal				
	6a	Gross Rents						
	b	Less rental exps						
	C	Rental inc or (loss)				i		
	d 7a	Net rental income or (loss) Gross amount from (A) Securities	. 1	(u) Other				
		sales of assets (1) Securities	•	(II) Other				
		other than inventory						
	D	Less cost or other						
	_	basis & sales exps Gain or (loss)						
		Net gain or (loss)	<u>1</u>			i		
		Gross income from fundraising eve	nts					
Ę	- Uu	(not including \$						
ĕ		of contributions reported on line 1c)	,					
Other Reven		See Part IV, line 18	a					
훒	b	Less direct expenses	ь					
Ō		Net income or (loss) from fund	raising events	; <b>•</b>				
		Gross income from gaming activitie						
		See Part IV, line 19	a					
	ь	Less direct expenses	b					
	С	Net income or (loss) from gam	ing activities	<b>•</b>				
	10a	Gross sales of inventory, less						
		returns and allowances	a					
	b	Less cost of goods sold	b					
	С	Net income or (loss) from sale		<u> </u>				<u>.                                  </u>
		Miscellaneous Revenue	<u>,</u>	Busn. Code	<b>.</b>	<u> </u>		
	11a	BINGO			24,735	24,735		<del></del>
	b	FUND RAISERS		700016	11,209	11,209		
	C	CONCESSION		722210	7,862	<del></del>	7,862	
		All other revenue			43,806			
		Total Povenue See instruction	ne	<b>&gt;</b> -	62,776	54,914	7,862	0
	12	Total Revenue. See instructio	113		32,110	32,312	7,002	<u> </u>

Page 10

#### Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

		(A) (	(B)	(-,, (-,,	T (D)
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	49,726			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	5,500	·		
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		T.A		
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)	6 316			
7	Other salaries and wages	6,316			
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				-
9	Other employee benefits	3,688			
10	Payroll taxes Fees for services (non-employees)	3,000			
11 a	Management				
b	Legal				·
c	Accounting	200			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	4,511			
14	Information technology				
15	Royalties	4.450			
16	Occupancy	4,459			
17	Travel	<del></del>			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	3,073			
19 20	Conferences, conventions, and meetings Interest	3,073	- "		
21	Payments to affiliates				
21	Depreciation, depletion, and amortization				
23	Insurance				ļ
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)				
а	NATIONAL DUES	6,968			
b	MEMBERSHIP EXPENSE	3,974	**************************************		
С	CONCESSION INCOME TAXES	2,398	*		<del> </del>
d	BEREAVEMENT/FLOWERS	1,025			
e	All other company				<u> </u>
	All other expenses	91,838	-		<u> </u>
25 26	Total functional expenses. Add lines 1 through 24f  Joint costs. Check here    if following	91,038			
26	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
					000

Part ?	X Balance Sheet	-	(A)		(B)
			Beginning of year		End of year
1	Cash—non-interest bearing		73,509	1	72,255
2	Savings and temporary cash investments		27,808	2	
3	Pledges and grants receivable, net			3	-
4	Accounts receivable, net			4	<del></del>
5	Receivables from current and former officers, directors,	trustees, key			
	employees, and highest compensated employees Comp	olete 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	
į 7	Notes and loans receivable, net			7	
7 8	Inventories for sale or use			8	
<sup>1</sup> 9	Prepaid expenses and deferred charges			9	
108	a Land, buildings, and equipment cost or				
-	other basis Complete Part VI of Schedule D	10a			
l t	Less accumulated depreciation	10b		10c	
11	Investments—publicly traded securities			11	
12	Investments—other securities See Part IV, line 11			12	
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	•			15	
16	Total assets. Add lines 1 through 15 (must equal line 34	5)	101,317	16	72,25
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue			19	
20				20	····
ß   21	• • •			21	
22					
21 22 22 22 22 22 22 22 22 22 22 22 22 2	employees, highest compensated employees, and disqu	ıalıfied			
3	persons Complete Part II of Schedule L.			22	
23				23	
24	• •	arties		24	
25	•			25	<del>_</del>
	Total liabilities. Add lines 17 through 25			26	
8	Organizations that follow SFAS 117, check here ▶	and			
Salances 27 28	complete lines 27 through 29, and lines 33 and 34.				
g   27				27	·~
28	• •			28	
≧   <sup>29</sup>	•	. <b> (</b> \$\forall \$		29	1
29	Organizations that do not follow SFAS 117, check he	re 🕨 🔼			
	and complete lines 30 through 34.			0.0	
ន្ទ   30	•			30	<del></del>
31			101 217	31	72 25
S 30 31 32 33 34	<u>-</u> .	r otner tunas	101,317 101,317	32	72,25! 72,25!
를   <sup>33</sup>			101,317		72,25
<b>~</b>   34	Total liabilities and net assets/fund balances		101,317	34	12,25

Form **990** (2009)

Form	990 (2009) FRATERNAL ORDER OF THE EAGLES 23-7592712		Pag	ge <b>12</b>
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	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 organization did not undergo the			

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

Form **990** (2009)

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**SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization FRATERNAL ORDER OF THE EAGLES

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

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

		٠.
OMB No 1545-0047	5009	Open to Public Inspection

Name of the organization FRATERNAL ORDER OF THE EAGLE	THE EAGLE	ន្ទ			Employer	Employer identification number	Jer.	
					23-75	92/12		1
Part i General Information on Grants and Assistance	Assistance							- 1
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	he amount of the gince?	rants or assurants	sistance, the grantees' in the United States	eligibility for the grants	or assistance, an	D	∏ Yes 💢 N	Ŷ
160	overnments an ecipient that re	d Organ	izations in the Un	ited States. Com Check this box if	plete if the org no one recipie	Janization ansv	wered "Yes" to ore than \$5,000. Use	[
1 (a) Name and address of organization (b) EIN (c) IRC (d) Amour or noveriment	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant or assistance	]
ALZHEIMER FOUNDATION		application in			(5)			
			9,308					- 1
CHILDREN'S FOUNDATION								
			14,173					
LOCAL CHARTIES								
			8,012					
			-					
<ul> <li>Enter total number of section 501(c)(3) and government organizations</li> <li>Enter total number of other organizations</li> </ul>	organizations							

Schedule I (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 23-7592712 Schedule | (Form 990) 2009 FRATERNAL ORDER OF THE EAGLES

Part ||| Grants and Other Assistance to Individual 1.1.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	RSHIPS	9	5,500			
						٠
						•
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the informatic	on required in Part I,	line 2, and any other additi	onal information.

Schedule I (Form 990) 2009

**SCHEDULE 0** 

(Form 990)

### Supplemental Information to Form 990

OMB No 1545-0047
2009

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.

Open to Public Inspection

Name of the organization

FRATERNAL ORDER OF THE EAGLES LADIES AUXILIARY

Employer identification number 23-7592712

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
PEOPLE HELPING PEOPLE AS A NON-PROFIT ORGANIZATION UNITING
FRATERNALLY IN THE SPIRIT OF LIBERTY, TRUTH, JUSTICE AND
EQUALITY TO MAKE HUMAN LIFE MORE DESIRABLE BY LESSENING ITS
ILLS AND PROMOTING PEACE, PROSPERITY, GLADNESS AND HOPE
THUR IT CONTRIBUTIONS TO LOCAL AND MAJOR CHARITIES

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

ORGANIZATION UNITING FRATERNALLY IN THE SPIRIT OF

LIBERTY, TRUTH, JUSTICE, AND EQUALITY, TO MAKE HUMAN LIFE

MORE DESIRABLE BY LESSENING ITS ILLS AND PROMOTING PEACE,

PROSPERITY, GLADNESS AND HOPE.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 RETURN IS PROVIDED TO GOVERNING BOARD MEMBERS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST.