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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Α	For the	2009 cal	endar year, or tax year beginning 6/1/2009 , and en	ding 5/31/2	010
В	Check if app	olicable	Please C Name of organization Fraternal Order of Eagles	D Employer ide	ntification number
<u></u>	Address c	hange	use IRS label or Doing Business As	35-0818101	
$\Box$	Name cha	nge	Print or Number and street (or P O box if mail is not delivered to street address) Roo	m/suite E Telephone nui	mber
$\sqcap$	Initial retui	m	type See PO Box 1770	(219) 980-988	
=	Terminate		Specific City or town, state or country, and ZIP + 4	(210) 300 000	<u>'</u>
=	Amended		Instruc- tions Gary IN 46409	G Gross receipts	s 162,624
=		n pending			
_	фрсс.			H(a) Is this a group return for	= =
				H(b) Are all affiliates include	
<u></u>	Tax-exen	npt status	X 501(c) ( 8) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a list (s	see instructions)
<u>J 1</u>	Nebsite:	► www	v foe.com	H(c) Group exemption num	ber ►
K	orm of or	ganization	X Corporation	of formation 1948	M State of legal domicile IN
	Part I	Sur	mmary		
			escribe the organization's mission or most significant activities Financial	aid to individuals, foo	nd baskets for needy
	1		, senior citizens, etc., donations to local not-for-profit organizations and to lo		
9	'		dings grounds use)	Joan Olice and The L	ocharments inoneral ( )
nan	1	4110 5011	31190 310 3110 400/	· · · · · · · · · · · · · · · · · · ·	
2011	2	Chack ti	his box • if the organization discontinued its operations or disposed of	of more than 25% of it	te not assets
တိ	3		of voting members of the governing body (Part VI, line 1a)		_
ο <u>σ</u>	4		of independent voting members of the governing body (Part VI, line 1b)	<del>  -</del>	4
vite	5		mber of employees (Part V, line 2a)	_	
ۊؙٙ	6		mber of volunteers (estimate if necessary)	<del>-</del>	<b>5</b> 6
5	7a		oss unrelated business revenue from Part VIII, column (C), line 12	<u> </u>	7a
7	b	_	elated business taxable income from Form 990-T, line 34		'b
<del>c</del>	<del> </del>	Titot Grine	saled business taxable meanic north orth odd 1, inte o4	Prior Year	Current Year
73	8	Contribi	utions and grants (Part VIII, line 1h)	5,6	
Revenue	9		n service revenue (Part VIII, line 2g)	27,6	
ᄼᇹ	10	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)	1,1	
<u>g</u> &	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,2	
j			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	98,6	
-			and similar amounts part (Part X solumn (A), lines 1–3)	10,1	
: :	14	Benefits	paid to or for members (Part X column (A), line 4)		350
<b>.</b>	15		, other compensation, employee benefits (Part IX, column (A), lines 5–10)	45,0	
Expenses	16a		ional fundraiging feet NP art K, selumn இ) line 11e)		10,001
ben	b	Total fur	ndraising expenses (Part IX, column (Diviline 25)		
Ä	17	Other ex	ndraising expenses (Part IX, column (ID) line 25) ►  (penses (Part IX, column (A), lines 11a 11d, 11f–24f)	66,9	4.752
	18	Total ex	penses Add lines (3) Emistental Part IX, column (A), line 25)	122,1	
	19	Revenue	e less expenses Subtract line 18 from line 12	-23,5	
- i	6			Beginning of Current Ye	
ets	20	Total as	sets (Part X, line 16)	118,8	
Ass	21		bilities (Part X, line 26)	1,5	2,361
Net Assets or	22	Net ass	ets or fund balances Subtract line 21 from line 20	117,3	
	art II	Sig	nature Block	- <u>-</u>	
			er penalties of perjury, Ideclare that I have examined this return, including accompanying schedule		
		and t	pelief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all in	iformation of which preparer	has any knowledge
			St. Kelm	1/1	TAN ZOIL
Sign Here			Signature of officer		
				Date	
			STEVEN E KOKOS SECRITYPE OF Print name and title	ETARY	
_		Pren		eck if Pi	reparer's identifying number
Pa	id	signa			ee instructions)
	eparer's	,		ployed ► P	00589822
	e Only	1	s name (or yours  femployed)  E/J Financial and Computer Services, Inc	EIN ► 35	5-1969238
	inj		f-employed), ess, and ZIP + 4 2139 US Highway 41, Schererville, IN 46375		219) 322-9932
Ma	v the ID		ss this return with the preparer shown above? (see instructions)	1	X Yes No
IVIC	y inc in	o discus	o this retain with the preparer shown above. (see instructions)	<u> </u>	

Pa	Part III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission  Financial aid to individuals, food baskets for needy families, senior citizens, etc., donations to local not-for-profit and to local Police and Fire Departments (monetary and building/grounds use)		
	and to local if once and if the population of monetary and banding grounds user		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	Yes	X No
4	If "Yes," describe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization's three largest program services by exp	enses	
-	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		and
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$		)
		<b>-</b>	
			<del></del>
4b	Code ) (Expenses \$ Including grants of \$ ) (Revenue \$		)
		<b>-</b>	<b></b>
			<b></b>
			- <b></b>
		·	
		·	
			- <b></b>
4c	c (Code ) (Expenses \$ Including grants of \$ ) (Revenue \$		)
		· <b></b>	<b></b>
	•••••••••••••••••••••••••••••••••••••••		
		·	
		·	
		<b></b> -	<b></b>
		·	
4d	d Other program services (Describe in Schedule O ) (Expenses \$ 107,705 including grants of \$ 6,022 ) (Revenue \$ 162,625 )		
46	Total program service expenses > 107 705		

Form 990 (2009) Fraternal Order of Eagles 35-0818101 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II 4 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 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 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 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 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 Х 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D, Parts XI, XII, and XIII 12 X 12A Was the organization included in consolidated, independent audited financial statements for the tax Yes No year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 Х 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 Х 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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

If "Yes," complete Schedule G, Part III

Х

18

# O9) Fraternal Order of Eagles Checklist of Required Schedules (continued) Part IV

_				
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	1 24		
22	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	1	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	- 22	_	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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		Х
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		
	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	25-		
h	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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		Х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		<sub>v</sub>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		X
	If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		х
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		ĺ	
	VI	37		X
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	X	<u> </u>
		Form	990	(2009)

Form 9	90 (2009) Fraternal Order of Eagles 35-0	318101	F	age 5
Par	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 . 1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	X	L
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  2a 6			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
0 -	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	<u> </u>		
	this return? .	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
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)?	4-		V
<b>h</b>	If "Yes," enter the name of the foreign country	_ 4a		X
b	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	- 35		<del>  ^</del>
Ū	Prohibited Tax Shelter Transaction?	5c		l
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<b></b> -
	organization solicit any contributions that were not tax deductible?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		-	$\overline{}$
	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		Х
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		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Х	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?.	7h	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			l
	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		X
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
а	Did the organization make any taxable distributions under section 4966?	_9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter		l	ĺ
a	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]			ĺ
11	Section 501(c)(12) organizations. Enter			1
a	Gross income from members or shareholders  Cross income from other sources (Do not not execute due or not to a			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			ĺ
120	against amounts due or received from them )  Section 4947(a)(1) non-exempt charitable tructs. Is the exemptation filing Form 900 in liquid form 10412.	40-		ļ —
12a b	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	-	<b>-</b>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	l		L

Párt 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 Section A. Governing Body and Management No Enter the number of voting members of the governing body Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? Х 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? а 8a Each committee with authority to act on behalf of the governing body? 8b Х 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Х 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 ► IN 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 X Upon request Own website Another's website 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 ► STEVE KOKOS

2924 MCAFEE DR , HOBART, IN 46342

(219) 980-9887

Form	aan	12000	

Fraternal Order of Eagles

35-0818101

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# Párt 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)			(0	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
CLARENCE MOKE JR										
TRUSTEE	10	Х								
GARY STOREY										
TRUSTEE	10	Х	┞	<u> </u>	Ш			·		
CHET DULIN TRUSTEE	10	Х								
STOCH POLAK			T		П				_	
TRUSTEE	10	Х								
HENRY BOONE										
PRESIDENT	4			X						
STEVEN E KOKOS SECRETARY	12			х				1,650		
STOCH DOLAK	12		┢	ŕ	H			1,030		
TREASURER	2			x				200		
TIM SWEENEY			1						-	
TREASURER	2			Х				220		
									_	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)						(D)	(E)	(F)		
Name and title	Name and title Average Position (check all		k all th	nat app	oly)	Reportable	Reportable	Estimated		
	hours per week	익	Ins	Q <sub>f</sub>	Kej	Hıg	For	compensation from	compensation from related	amount of other
	110011	Individual trustee or director	nstitutional trustee	Officer	Key employee	ploy	Former	the	organizations	compensation
		학교	l sa		Ş	e 8		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		uste	fig		ee	nper				and related organizations
		"	tee			Highest compensated employee				0.9020
		$\vdash$	$\vdash$	<del> </del>	┝					
		1								
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						L	<u> </u>			
1b Total		<u> </u>					<b>&gt;</b>	2,070		<u> </u>
2 Total number of individuals (including but r		se lis	ted a	above	e) wl	no re	ceive	ed more than \$1	00,000 in	
reportable compensation from the organiza	tion -	_								Yes No
3 Did the organization list any former officer.	director or trust	ee k	ev e	mnlo	Vee	or h	iahe	st compensated		1 3 20 20 20 2
employee on line 1a? If "Yes," complete So					, <b>,</b> CC,		giic	ot compensated	ļ	3 X
4 For any individual listed on line 1a, is the s					n an	d oth	er c	ompensation fro	m is	The state of the state of the
the organization and related organizations										
indıvıdual	•					•		•		4 X
5 Did any person listed on line 1a receive or	accrue compens	satior	n fror	m an	y un	relate	ed o	rganization for		
services rendered to the organization? If ")	es," complete S	chec	lule .	J for	suct	n per	son			5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	mpensated inde	pend	lent o	contr	acto	rs th	at re	ceived more tha	n \$100,000 of	
compensation from the organization										<del></del>
(A) Name and business	address							(B) Description of ser	vices Co	(C) empensation
								2223190011 01 361		
										<del></del>
2 Total number of independent contractors (i			ed to	thos	se lis	sted a	abov	e) who received	23	"高海"。 "

Total revenue. See instructions

Form 990 (2009) Fraternal Order of Eagles 35-0818101 Page 9 Statement of Revenue Part VIII (B) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from function revenue tax under sections revenue 512, 513, or 514 Federated campaigns and other similar amounts 1a **b** Membership dues 1b 4,385 1c c Fundraising events Contributions, gifts, d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 4,385 Program Service Revenue **Business Code** 2a DONATIONS 979 b FUND RAISERS 19,948 All other program service revenue Total. Add lines 2a-2f ▶ 20,927 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6a Gross Rents 4,750 b Less rental expenses c Rental income or (loss) 4,750 d Net rental income or (loss) 4,750 (II) Other 7a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising Other Revenue events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events . 9a Gross income from gaming activities See Part IV, line 19 а b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 132,562 b Less cost of goods sold 76,594 Net income or (loss) from sales of inventory 55,968 Miscellaneous Revenue **Business Code** 11a b C All other revenue. Total. Add lines 11a-11d ▶

86,030

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).

	All other organizations must complete column	(A) but are not led	fulled to complete	Columns (B), (C), a	iliu (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				'
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22 .	6,022	6,022		
3	Grants and other assistance to governments,	<b>,</b> , , , , , , , , , , , , , , , , , ,			
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members	350	350		
5	Compensation of current officers, directors,				
•	trustees, and key employees	2,070	2,070		
6	Compensation not included above, to disqualified	2,070	2,070	-	<del></del>
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages .	37,032	37,032		
8	Pension plan contributions (include section 401(k)	37,032	37,032		
O	and section 403(b) employer contributions)	79	79		
0	Other employee benefits				
9	Payroll taxes	4,750	4 750		
10	•	4,150	4,750		
11	Fees for services (non-employees)				
a	Management .				· · · · · · · · · · · · · · · · · · ·
þ	Legal		205		
C	Accounting .	895	895		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees .				
g	Other .				
12	Advertising and promotion .	45	45		
13	Office expenses	1,546	1,546		
14	Information technology .				
15	Royalties				
16	Occupancy				
17	Travel	1,950	1,950		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,119	1,119		
20	Interest				
21	Payments to affiliates	3,220	3,220		
22	Depreciation, depletion, and amortization	7,608	7,608		
23	Insurance	7,068	7,068	<del></del>	
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	Miscellaneous Expenses	2,309	2,309		
b	Repair & Maintenance	6,734	6,734		
С	Supplies	3,696	3,696		
d	Telephone	2,548	2,548		
е	Utilities	10,543	10,543		
f		8,121	8,121		
25	Total functional expenses. Add lines 1 through 24f	107,705	107,705		
26	Joint costs. Check here ▶ If following	,	,		
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation .				
					•

P	aŕt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	19,914	1	8,232
	2	Savings and temporary cash investments	24,093	2	24,093
sts	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			ŀ
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use .	5,722	8	4,352
¥	9	Prepaid expenses and deferred charges .	3,276	9	3,039
	10a	Land, buildings, and equipment cost or   10a   197,203	· · · · · · · · · · · · · · · · · · ·		}
		other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b 138,588	65,886	10c	58,615
	11	Investments—publicly traded securities	· · · · · · · · · · · · · · · · · · ·	11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11 .		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11.		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	118,891	16	98,331
	17	Accounts payable and accrued expenses		17	
	18	Grants payable .		18	
	19	Deferred revenue .		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ħ	22	Payables to current and former officers, directors, trustees, key			
jap		employees, highest compensated employees, and disqualified			
		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	1,583	25	2,361
	26	Total liabilities. Add lines 17 through 25	1,583	26	2,361
ses		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.			1
ä	27	Unrestricted net assets .	TOTAL	27	
Bal	28	Temporarily restricted net assets		28	
Þ	29	Permanently restricted net assets		29	<del></del> -
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34.			
şţ	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund.		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds	117,308	32	95,970
Š	33	Total net assets or fund balances	117,308	33	95,970
	34	Total liabilities and net assets/fund balances	118,891	34	98,331
_		The state of the s	110,091	<del></del>	

Par	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	1		•
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
b	Were the organization's financial statements audited by an independent accountant? .	2b		Х
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	1		
	issued on a consolidated basis, separate basis, or both			
	X 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		Х
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	3ь		

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

	Open to Public
	Inspection
Employer identific	cation number

Frate	rnal Order of Eagles		35-0818101
Par	Organizations Maintaining Done	or Advised Funds or Other Similar	Funds or Accounts. Complete if
	the organization answered "Yes" t	o Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds 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 d	onor advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subje-	_	
6	Did the organization inform all grantees, doi	-	
	used only for charitable purposes and not for		
	purpose conferring impermissible private be		Yes No
Par		lete if the organization answered "Ye	
		• • • • • • • • • • • • • • • • • • • •	
1	Purpose(s) of conservation easements held		•
	Preservation of land for public use (e g	, recreation or pleasure) Preservati	on of an historically important land area
	Protection of natural habitat	Preservati	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contril	oution in the form of a conservation
	easement on the last day of the tax year	4	
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ear	sements .	2b
С	Number of conservation easements on a ce		2c
d	Number of conservation easements include	• •	2d
3	Number of conservation easements modifie		
	during the tax year	-,gag	tommatou by the organization
4	Number of states where property subject to	conservation easement is located	
5	Does the organization have a written policy		etion handling of
	violations, and enforcement of the conserva		Yes No
6	Staff and volunteer hours devoted to monitor		
_	<b>&gt;</b>	g,opootg, aa oog contco.ta	non sacomento daring the year
7	Amount of expenses incurred in monitoring,	inspecting and enforcing conservation (	easements during the year
	<b>▶</b> \$	mapadang, and amazang across valiant	substituting the your
8	Does each conservation easement reported	on line 2(d) above satisfy the requireme	ents of section
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	on mile 2(d) above satisfy the requirement	. Yes No
9	In Part XIV, describe how the organization r	enorts conservation easements in its rev	
	balance sheet, and include, if applicable, the		
	the organization's accounting for conservati	•	s intariolar statements that describes
Par		ons of Art, Historical Treasures, or Oth	ner Similar Assets
	Complete if the organization answere	The state of the s	
1a	If the organization elected, as permitted und		a statement and halance shoot works of
	art, historical treasures, or other similar assi		
	service, provide, in Part XIV, the text of the		
b	If the organization elected, as permitted und		
	historical treasures, or other similar assets I	neld for public exhibition, education, or re	search in furtherance of public
	service, provide the following amounts relati	ng to these items	·
	(i) Revenues included in Form 990, Part VII	l, line 1	. ▶ \$
	(ii) Assets included in Form 990, Part X		. <b>&gt;</b> \$
2	If the organization received or held works of	art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported u		and broade and
а	Revenues included in Form 990, Part VIII, li		<b>▶</b> \$
b	Assets included in Form 990, Part X		. <b>&gt;</b> \$
		<u> </u>	<u></u>

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	Treasures,	or Oth	ner Similar A	ssets (c	ontını	ıed)
3	Using the organization's acquisition, use of its collection items (check all t		other reco	ords, chec	ck any of the	e follow	ng that are a s	significan	t	
а	Public exhibition	пасарыу)	d [	Loan	or exchange	e progra	ame			
	Scholarly research		_ ` <del> </del> =	Other	=	c progre	11113			
Ь			e [	j Otnei					<b></b>	
С	Preservation for future general									
4	Part XIV									
5	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No									
Part	IV Escrow and Custodial Arr IV, line 9, or reported an am	_	•	•	•	answe	red "Yes" to F	orm 99	0, Par	t
1a	Is the organization an agent, trustee,	, custodian or oth	ier interm	ediary foi	r contributio	ns or of	her assets not		_	•
	included on Form 990, Part X? Yes No									
b										
						-		Amount		
C	Beginning balance		•			1c				
d	Additions during the year	•				1d	<del> </del>			
e f	Distributions during the year Ending balance				•	<u>1e</u> 1f	<del>                                     </del>			
	· ·					11				
2a	Did the organization include an amou	·	Part X, I	ne 21?				Y	es X	No
	b If "Yes," explain the arrangement in Part XIV  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10									
rart	Endowment Funds. Comp	(a) Current year								
1a	Beginning of year balance	(a) Current year	(0) FII	or year	(c) Two year	S Dack	(d) Three years ba	CK (e) FC	our years	Dack
b	Contributions .		-							
C	<del>-</del>									
C	Net investment earnings, gains, and losses		ļ			-				
d	Grants or scholarships						<del></del>			
e	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	the year end bal	ance held	d as						
а	Board designated or quasi-endowme	•								
b	Permanent endowment									
С	Term endowment ▶									
3a	Are there endowment funds not in the	e possession of t	the organ	ization th	at are held	and adi	ninistered for t	he		
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		<u> </u>
b	If "Yes" to 3a(II), are the related orga							3b		
4	Describe in Part XIV the intended us									
Part			_							
	Description of investment	(a) Cost or ot (investm			st or other s (other)		ccumulated preciation	( <b>d)</b> Bo	ook valu	<b></b>
1a	Land				4=6 6==					
b	Buildings			ļ	176,252		121,730		5	4,522
C	Leasehold improvements				20.054		40.050			4 000
d	Equipment			<del> </del>	20,951	<del></del>	16,858		_	<u>4,093</u>
<u>e</u>	Other  I. Add lines 1a through 1e (Column (column)	t) must say of Fac	m 000 D	lart V act	lumn (P) lim	10/01	<del>,</del>			0.645
TOTA	i. Add intes ta unough te (Column (d	ıj musi eyuai roi	111 990, P	arr A, COI	uriir (D), IIN	ie 10(c)	<u>)                                    </u>		5	<u>8,615</u>

organization's liability for uncertain tax positions under FIN 48

_			2
วล	a	e	J

Part VII Investments—Other Securitie	es. See Form 990, Part X,	line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives .			
Closely-held equity interests			
Other	· <del>  </del>		<u> </u>
	. <del> </del>	<del> </del>	
	· <del> </del>		
	· <del> </del>		<del></del>
	+	<del>                                     </del>	
	-		<del></del>
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII Investments—Program Relat	ed. See Form 990, Part X	(, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990,	Part X, line 15		
	(a) Description		(b) Book value
	<del> </del>		
<del></del>	<del></del>		
	<u> </u>		<del></del> -
<del></del>			
Total. (Column (b) must equal Form 990, Part X		<b>▶</b>	
Part X Other Liabilities. See Form 99	(b) Amount		
1. (a) Description of liability Federal income taxes	(b) Amount		
PAYROLL TAX LIABILITY	1	,252	
PARTICIPATING FUND		-427	
SALES TAX LIABILITY		,536	
		]	
	<u> </u>		
	<del> </del>		
	<del> </del>	<del></del>	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)		,361	
2. FIN 48 Footnote. In Part XIV, provide the text			reports the

-	Fraternal Order of Eagles	35-0818101	
Schedule D (Form	990) 2009		Page 5
Part XIV	Supplemental Information (continued)		
			· · · · · · · · · · · · · · · · · · ·
		••••••	
	······		
	***************************************		
		•••••	<b></b>
		***************************************	
		••••	
	***************************************	•••••	
			<b></b>

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part

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.

OMB NO 1545-004/	2009	:
		١

Open to Public

X Yes No Inspection Employer Identification number 35-0818101 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Attach to Form 990. General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Fraternal Order of Eagles

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II	Grants and Other Assistance to Government Form 990, Part IV, line 21, for any recipient that	Assistance to	Governments a	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	n the United States 000 Check this box	. Complete if the org if no one recipient re	Janization answered	"Yes" to 5,000 Use
	Part IV and Schedule I-1 (Form 990) if additional	le I-1 (Form 99	_	space is needed		-	•	<b>A</b>
1 (a) Nar	1 (a) Name and address of organization or government	(p) EiN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Ent	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	າ 501(c)(3) and organizations	government organı	zations			<b>A A</b>	

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

Schedule I (Form 990) 2009

Page 2

Fraternal Order of Eagles

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III

Use of building & grounds in lieu of re (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) FMV 4,000 (d) Amount of non-cash assistance 2,022 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant 17 (b) Number of recipients (a) Type of grant or assistance Cash Donation

# SCHEDULE O (Form 990)

Name of the organization

# 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

Employer identification number

Fraternal Order of Eagles	35-0818101
Form 990 Part IX Line 2 See attached schedule	
Form 990 Part IX Line 24f See attached schedule	
.,	
.,	
.,	
	•••••

**Depreciation and Amortization** 

# (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Attach to your tax return. ► See separate instructions.

Attachment Sequence No 67

Fraternal Order of Eagles	990	vity to which this to	orm relates		35-0818101	nber	
Part I Election To Expense Certain	1	er Section 17	9		00-00 10 10 1		
Note: If you have any listed property, co							
1 Maximum amount See the instructions for						1	250,000
2 Total cost of section 179 property placed in	-			•	•	2	
3 Threshold cost of section 179 property before		•	structions)			3	800,000
4 Reduction in limitation Subtract line 3 from						4	
5 Dollar limitation for tax year Subtract line				ried filina		-	
separately, see instructions		,		<b>-</b>		5	250,000
6 (a) Description of property		(b) Cos	t (business use	e only)	(c) Elected		
	<u>_</u>						
7 Listed property Enter the amount from line	e 29	•		. 7			
8 Total elected cost of section 179 property	Add amounts in	column (c), line	s 6 and 7			8	
9 Tentative deduction Enter the smaller of	line 5 or line 8					9	
10 Carryover of disallowed deduction from line	e 13 of your 200	8 Form 4562				10	
11 Business income limitation. Enter the small				line 5 (see in:	structions)	11	
12 Section 179 expense deduction Add lines						12	
13 Carryover of disallowed deduction to 2010				▶ 13			
Note: Do not use Part II or Part III below for lis							
Part II Special Depreciation Allowa					roperty ) (See	<u>: instruc</u>	ctions)
14 Special depreciation allowance for qualified	d property (other	than listed prop	erty) placed i	n service			
during the tax year (see instructions)						14	
15 Property subject to section 168(f)(1) election	on			•		15	
16 Other depreciation (including ACRS)	4			- \		16	
Part III MACRS Depreciation (Do no	t include listed		e instruction	s)			
47 MACDC deductions for speed in as		Section A	2000			14-1	7.500
17 MACRS deductions for assets placed in se						17	7,560
18 If you are electing to group any assets place general asset accounts, check here	eu ili service uu	ing the tax year	into one or i	nore	▶ □	ı	
	. 0	- 0000 T - V	11.			<u> </u>	
Section B - Assets Placed i						<u>em</u>	
(a) Oleanfrahan of assess	(b) Month and	(c) Basis for	(d) Recovery	(e)	(f)		(g)
(a) Classification of property	year placed	depreciation	period	Convention	Method	Deprec	ciation deduction
19 a 3-year property	in service	(business/investment)				+	
b 5-year property	1		-			<del>                                      </del>	
c 7-year property	1		-	-		<del></del>	
d 10-year property	1						
e 15-year property	1			<u> </u>		-	
f 20-year property	1						<del>, , </del>
g 25-year property	1		25 yrs	-	S/L	_	<del>-</del>
h Residential rental			27 5 yrs	MM	S/L	+-	····
property	-		27 5 yrs	MM	S/L	+	
i Nonresidential real			39 yrs	MM	S/L		-
property			00 7.0	MM	S/L		
Section C - Assets Placed in	Service During	2009 Tax Year	Using the Al			tem	
20 a Class life			<u>_</u>		S/L	<u> </u>	
b 12-year	1		12 yrs		S/L	1	
c 40-year			40 yrs	MM	S/L		
Part IV Summary (See instructions )							
21 Listed property Enter amount from line 28						21	48
22 Total. Add amounts from line 12, lines 14 to							
Enter here and on the appropriate lines of	your return Part	nerships and S	corporations -	- see instruction	ons .	22	7,608
23 For assets shown above and placed in ser		urrent year, ente	er the portion				
of the basis attributable to section 263A co	sts			23		I	

Part V

**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete

Secti	on A-Depreciation	on and Other	lnformation (C	Caution:	See	the ınstr	ictions f	or lim	uts for pa	ssenge	er auto	mob <u>iles</u>	s)		
24a	Do you have evidence	to support the b	ousiness/investmen	it use clain	ned?	Yes	No	2	24b If "Y	es," is t	he evide	ence wri	tten?	Yes	No
	(a) Type of property	(b) Date placed	(c) Business/ investment use	Cost	or	reciation	) (business	s/   F	•	Met	hod/	Depre	ciation	(I Elected se	ection 179
	<u> </u>										ention I	dedu	iction		st
25	•		•					auring	g tne tax		25				
26						ee mstru	ctions)					l		L	
						1		50		2000	R - HV	1	48		
Comp	butei	111012000	100 00 70	-	300		<u>-</u>	<del>- 1</del>		20001	יוו - כ				
	·		<u> </u>					_				<del></del>			·
27	Property used 50%	6 or less in a	qualified busine	ess use	•	<del>'</del>			-					<u> </u>	_
										S/L -					
									-	S/L -					
										S/L -	-				
28	Add amounts in co	olumn (h), lin	es 25 through 2	7 Enter	here :	and on li	ne 21, p	age 1	1		28		48		
29_	Add amounts in co	olumn (ı), lıne											29		
•	lata the exertism for an										. 16				
														ies to	
				T		<del></del>				Г		$\overline{}$		(1	n .
-				l .		I .				Į.		l .		Vehi	
	- · · · · · · · · · · · · · · · · · · ·		g			1				10				10,	<del>0.0 0</del>
31	,	es driven durir	ng the year		-		_	_							
32	<del>-</del>														_
	miles driven														
33	Total miles driven du	ırıng the year													
	Add lines 30 through	1 32				<u> </u>									
34	Was the vehicle ava	lable for perso	onal	Yes	_No_	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
						ļ				ļ					
35			a more than			ļ				<b>-</b>	_	<del> </del> -			
		•			_	<del> </del>			+		ļ <u> </u>		ļ		
36		allable for				<del> </del>			_	<del> </del>					
		Section C (	Questions for F	mploye	nc \A/i	o Provi	do Vobi	olos	for Hea	by The	ir Emp	lovees	<u> </u>	!	_
	ver these questions	to determine	ıf you meet an	exception	n to c	ompletin				-	-	•			
	<u>-</u>													Yes	No
37	by your employees?		·						•						
38	-								_	by your	employ	ees?			
20						s, or 1% (	or more o	wners	•						
	•					formation	from uo		alawaaa al						
40	' <del>-</del> '				nam m	iomation	Hom you	n emt	oloyees al	Jour					
41					le dem	onstratio	use? (S	ee ins	structions	`					<del></del>
	•									•					
Part			10, 01 11,10 1,00	, 40			7		<u> </u>				-		
	<u>-</u>	(a)			(b)	Date	(c	:)		d)	_	(e)		(1	f)
	De	escription of costs	s						1		Amo		period		ation for
								unt	sec	ction	01	percenta	ige	this	year
(d) (e) Bass for dep- Type of properly Date paced in service precentage other basis in service properly inserved properly inserved properly placed in service during the tax year and used more than 50% in a qualified business use (see instructions)  25 Special depreciation allowance for qualified inserved property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)  26 Property used more than 50% in a qualified business use (see instructions)  27 Property used more than 50% in a qualified business use  28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1  28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1  29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1  20 Section 8—Information on Use of Vehicles  29 Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for these vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles of the personal during the year (and interest of the personal dur															
							<u> </u>								
	<del></del>			200 :				_			<u> </u>			<u></u> _	
		_	-		-		•								
44	Total. Add amou	nts in column	ı (t). See the ins	structions	s for w	nere to ı	eport						44	I	

Part Vill, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

·	Cash	Noncash
Federated Campaigns .		1
2 Membership dues	4,385	2
Fundraising events		3
Related organizations		4
Government grants (contributions)		5
	ve	
All other contributions, gifts, grants, and similar amounts not included above the contributions total  Other contributions total		6

Part	VIII, Line 10 (990) - Gross Sales of Inventory	132,562	76,594	55,968
	Category	Gross Sales	Cost of Goods Sold	Net
1	Bar Room income	132,562		
2	Dai Nooni income	132,302	76,594	55,968
		- <del> </del>  -		
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Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

1 6	ALLIN, LINE ZZ (S	<u> 190] - De</u>	preciat	ion, pe	pienon, and	Amoruzation		
•				==	(A)	(B)	(C)	(D)
					Total	Program	Management	Fundraising
						services	and general	
1	Depreciation	•	•	1 _	7,608	7,608		
2	Depletion			2				
3	Amortization			3				
_4	Total			4	7,608	7,608		

# Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

	, , , , , , , , , , , , , , , , , , , ,													
									197,203	131,317	138,588		65,886	53,615
				Leasehold			Check If	Check If		Beginning	Ending			
				Improve-			Investment	Asset	Cost/Other	Accumulated	Accumulated	Disposals/	Beginning	Ending
	Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
-	FURNITURE & FIXTURES				×				11,001	8,36	9,124		2,635	1,877
7	MACHINERY & EQUIPMENT				×				9,950	6,838	7,734		3,112	2,216
3	BUILDING & IMPROVEMENTS		×						176,252	116,113	121,730		60,139	54,522
4														
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17				,										
18														
19														
70														

<u>Part</u>	X, Line 25 (990) - Other Liabilities	1,583	2,361
	Description	Beginning	End
	PAYROLL TAX LIABILITY	1,321	1,252
2	PARTICIPATING FUND	-380	-427
3	SALES TAX LIABILITY	642	1,536
4			
5			
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8			
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17_			
18			
19			
20_			

# FRATERNAL ORDER OF EAGLES # 2413

## FEIN # 35-0818101

# PART II, LINE 22 - GRANTS AND ALLOCATIONS

J ASKEW	75
SPECIAL OLYMPICS	150
D MITCH MANN	717
ST JUDE HOSPITAL	75
FOOD BANK OF NWI	100
KANAUDLA FOE # 1040	405
BAER HEART FUND	50
HANSEN DIABETES FUND	50
EHRMAN CANCER FUND	50
DUNLAP KIDNEY FOUNDATION	50
JIMMY DURANTE FUND	50
REED SPINAL FUND	50
GOLDEN AGE EAGLES	50
DISASTER RELIEF	50
EAGLES VILLAGE	50
DIABETES YOUTH FOUNDATION	50
GROUNDS RENTAL	4,000
	6.022

# PART IX, LINE 24F - ALL OTHER EXPENSES

BANK CHARGES		524
DUES & SUBSCR	RIPTIONS	25
ENTERTAINMEN	Т	2,835
INTERNET EXPE	NSES	1,012
LICENSES AND F	PERMITS	526
OUTSIDE SERVI	CES	2,707
SECURITY SYST	EM	492
		8,121

# Form 8868

(Rev April 2009)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

<ul> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box</li> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)</li> </ul>						
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868						
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies nee	ded)				
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only						
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns						
<b>Electronic Filing (e-file).</b> Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits.						
Type or	Name of Exempt Organization	· -	ntification number			
print	Fraternal Order of Eagles  Number, street, and room or suite no. If a P.O. box, see instructions	35-0818101				
File by the due date for	P O Box 1770					
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions		· · · · · · · · · · · · · · · · · · ·			
instructions	Gary	IN	46409			
Check type	of return to be filed (file a separate application for each return)					
X Form 9	90 Form 990-T (corporation)		Form 4720			
Form 9	90-BL Form 990-T (sec 401(a) or 408(a) trust)		Form 5227			
Form 9			Form 6069			
Form 9	```		Form 8870			
			1 01111 0070			
The books are in the care of ► STEVE KOKOS 2924 MCAFEE DR HOBART IN 46342  Telephone No ► (219) 980-9887 FAX No ►  If the organization does not have an office or place of business in the United States, check this box.  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover						
until is for ►	lest an automatic 3-month (6 months for a corporation required to file Form 990-T) extermined to file Form 990-T) extermined to file Form 990-T) extermined the organization return for the organization return for the organization return for calendar year or formined for the organization or formined for the organization return for calendar year for the organization return for organization return for the organization return for calendar year for the organization return for the organization return for calendar year for the organization return for the organizat	on named abov				
2 If this	tax year is for less than 12 months, check reason Initial return Final return	Change	in accounting period			
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,					
	iny nonrefundable credits. See instructions		3a \$			
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax					
payments made Include any prior year overpayment allowed as a credit  3b \$						
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment						
•	m). See instructions		3c \$			
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO						
for payment instructions						