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SCANNED AUG 1 3 2070

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

06/01/09 05/31/10

OMB No 1545-0047 2009 Open to Public Inspection

<u>А</u> В	Check if applica	9 calendar year, or tax year beginning 00/01/09, and ending 05/31/	710	D Emplo	eyer Identification number
	Address chang	luse IRS]	•
	Name change	print or Doing Business As		59-	2405204
	Initial return	type. Number and street (or P O box if mail is not delivered to street address) See 5130 SOUTH RIDGEWOOD AVE	Room/suite		one number 5-756-3673
	Termination	Instruc- City or town, state or country, and ZIP + 4		G Gross rece	ipts \$ 541,401
لٰــا	Amended retur				
	Application per	F Name and address of principal officer BOB TEDESCHI		1	a group return for
		5130 S RIDGEWOOD AVE		affihate H(b) Are all	affiliates
		PORT ORANGE FL 32127-5146		include	attach a list (see instructions)
$\overline{}$	Tax-exempt			1	
Ţ	Website:			H(c) Group	exemption number ▶ 0102
ĸ	Type of organi	zation X Corporation Trust Association Other >	L Year of formation 1	984	M State of legal domicile FL
<u>_</u> F	Part I	Summary			
		ly describe the organization's mission or most significant activities			
æ	1	HE FRATERNAL ORDER OF EAGLES, UNITES FRATERNALLY IN			RTY,
& Governance	1	RUTH, JUSTICE AND EQUALITY TO MAKE HUMAN LIFE MORE D			
191	1	ESSENING ITS ILLS, AND BY PROMOTING PEACE, PROSPERIT	•		•
é	1	ck this box \(\bigcup \subseteq \subseteq if the organization discontinued its operations or disposed of more than 2	25% of its net assets	1 1	E
රේ		ber of voting members of the governing body (Part VI, line 1a)		3	5
ties	1	ber of independent voting members of the governing body (Part VI, line 1b)		4	12
Activities		I number of employees (Part V, line 2a)		5	100
ĕ	ı	I number of volunteers (estimate if necessary) I gross unrelated business revenue from Part VIII, column (C), line 12		7a	100
	1	unrelated business taxable income from Form 990-T, line 34 DECELIED	1	7b	0
_	D INC.	ALCENES	Prior Ye		Current Year
	8 Con	inbutions and grants (Part VIII, line 1h)	7	9,503	55,651
Ě	9 Prog	ram service revenue (Part VIII, line 2g)		7,105	467,762
Revenue	10 Inve	rram service revenue (Part VIII, line 2g) stment income (Part VIII, column (A), lines 3, 4, and 7d) Transcriptor (Part VIII, column (A), lines 3, 4, and 7d)		4,594	2,758
Œ		revenue (Fait VIII, Column (A), lines 5, 60, 60, 90, 100, and 15		3,350	13,277
	12 Tota	revenue – add lines 8 through 11 (must equal Part VIII, colour (74) lite (12),		4,552	539,448
		nts and similar amounts paid (Part IX, column (A), lines 1–3)	2	4,156	619
		efits paid to or for members (Part IX, column (A), line 4)		945	500
8	15 Sala	nes, other compensation, employee benefits (Part IX, column (A), lines 5–10)	——	2,076	54,397
xpenses	16a Prof	essional fundraising fees (Part IX, column (A), line 11e)			
	b Tota	I fundraising expenses (Part IX, column (D), line 25) ▶	43	0 227	409,753
ш		er expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		9,237 6,414	465,269
		l expenses Add lines 13–17 (must equal Part IX, column (A), line 25) enue less expenses. Subtract line 18 from line 12		8,138	74,179
58	19 Rev	ende less expenses. Subtract line 16 front line 12	Beginning of Cu		End of Year
Net Assets or	20 Tota	l assets (Part X, line 16)		0,679	845,134
Se d	21 Tota	l liabilities (Part X, line 26)		1,548	1,194
2,	22 Net	assets or fund balances Subtract line 21 from line 20	82	9,131	843,940
F	art II	Signature Block			
		Under penalties of penjury, I declare that I have examined this return, including accompanying schedule and belief, it is true, correct, and complete Deplaration of preparer (other than officer) is based on all in	es and statements, and	to the best o	f my knowledge
				الم المعاملة	s /s o / / o
Sig			15151 A		120/10
He	re	Signature of officer CURTIS LEONARD SEC	RETARY	Date	
		Type or print name and title	<u> </u>		
			Check	1	Preparer's identifying number
Pa	id	Preparers	/12/10 check self- employ		(see instructions) P00308917
Pr	eparer's	RANTO ACCOUNTING SERVICES INC.	/ - Oj employ		55-0800290
Us	e Only	Firm's name (or yours of self-employed). 4142 FALLING LEAF DR		EIN Phone	23 3000230
		address, and ZIP + 4 NEW SMYRNA BEACH, FL 32168			386-427-1042
——	v the IRS di	scuss this return with the preparer shown above? (see instructions)		110	X Yes No
Foi	Privacy A	et and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
DAA	٠ -	·			· M

Form **990** (2009)

Part	Ш	Sta	tement of	f Proαram	Service	Accomplis	shments

Pa	rt III S	tatement of Pr	ogram Service Acco	mplishments				
7	HE FRAT	JUSTICE AN	DER OF EAGLES, ND EQUALITY TO	MAKE HUMAN	ATERNALLY IN THE MORE DES	IREABLE BY		•
3	the prior Form If "Yes," described the organiservices? If "Yes," described the Described the Section 501(m 990 or 990-EZ? cribe these new ser nization cease cond cribe these changes exempt purpose ac c)(3) and 501(c)(4)	chievements for each of the	changes in how it cond e organization's three la 4947(a)(1) trusts are re	lucts, any program rgest program services by exi quired to report the amount of			X No
E	(Code PROVIDE EMBERS) (Expenses SOCIAL &		including grants of SERVICES &	\$ OPPORTUNITIES) (Revenue \$ FOR		,
4b	(Code) (Expenses	\$	including grants of	\$) (Revenue \$)
4c	(Code) (Expenses	\$	including grants of	\$) (Revenue \$)
4d			be in Schedule O)		. /Da A		,	
40	(Expenses :	\$ ım service expens	including grants	5 01 3) (Revenue \$			

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,		_	I	37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				37
	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				v
10	complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or		9	-	X
10	quasi-endowments? If "Yes," complete Schedule D, Part V		40		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		10		
	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		- 11		
•	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			j	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
Ī	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 169 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 year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X	l		
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
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		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		<u> </u>
17	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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18	∤	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		4.	l	v
20	If "Yes," complete Schedule G, Part III		19	-	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20	990	X

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		X
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		X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		ļ ,	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			•
L	24b through 24d and complete Schedule K. If "No," go to line 25	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		ŀ
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d	-	
d 25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
2 Ja	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	23a		
	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	200		<u> </u>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		_X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	İ		
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	١		v
	III, IV, and V, line 1	_34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	ا م		v
26	Schedule R, Part V, line 2	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	20		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_36		
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	- 3 ,		
- -	19? Note . All Form 990 filers are required to complete Schedule O	38		x
			990	(2009)

DAA

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 0 U.S. Information Returns Enter -0- if not applicable 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 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 12 2a Statements, filed for the calendar year ending with or within the year covered by this return X b 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 instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X this return? За If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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)? 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. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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? 6h 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? 7Ь If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7<u>g</u> For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h required? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 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) Form 990 (2009) FRATERNAL ORDER OF EAGLES

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.	Jilaliyes III		
Sec	tion A. Governing Body and Management			—
000	tion A. Coverning body and management		Yes	Na
1a	Enter the number of voting members of the governing body		Tes	No
b	Enter the number of voting members that are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ĺ
_	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		x
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			 -
, u	of the governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following		١.	
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	$\overline{}$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	05		$\overline{}$
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
<u></u>	On a Court of the		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	,,,,	X
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1.50		
U	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		1
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100		\vdash
• •	form?	11		x
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		х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		<u> </u>
b	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12.0		
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by	17		<u> </u>
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	135		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			l
	with a taxable entity during the year?	16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	192		
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	7.02		
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 ► CURTIS LEONARD 5130 S RIDGEWOOD AVE			
P	ORT ORANGE FL 32127	386-75	6-3	673

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

\mathbf{X}	Check this how if	the organization di	d not compensate any cur	ent officer, director, or trustee
	CHECK HIIS DUX II	THE OLUANIZATION OF	u noi compensale any con	enconicer onecios os misiee

(A) Name and Title	(B) Average	Position (check all that						(D) Reportable	(E) Reportable	(F) 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
RAY EVANS		T								
CONDUCTOR	5.00				L.			0	0	0
SIL WEINCLAW	1	1	Ì							
CHAPLAIN	5.00							0	0	0
NICK SCHERER						ì				
INSIDE GUARD	5.00	<u> </u>			L	<u> </u>		0	0	0
LOU SACCONE	1									
OUTSIDE GRD	5.00	↓	L.,		L	<u> </u>		0	0	0
JIM SCHERER										
TRUSTEE	25.00	X			L			0	0	0
ROGER CHANDLER	_]				
TRUSTEE	25.00	X	L		<u> </u>			0	0	0
ROGER NOVAK								,		
TRUSTEE	25.00	X				L_		0	0	0
HOWARD MYERS										
TRUSTEE	25.00	X	ĻЦ		<u></u>	Ш		0	0	0
RICK SAMUELS	1									
TRUSTEE	25.00	X	L_		L.,			0	0	0
BOB TEDESCHI		1								
PRESIDENT	15.00	↓_	L.,	X		Ш		0	0	0
ROBERT BRAUN		1		į		1 1		_ 1		_
VICE-PRESID	5.00	↓_		X	L			0	0	0
CURT LEONARD		1								_
SECRETARY	20.00	↓ _		X	<u> </u>			0	0	
KERRY HYLLBERG										_
TREASURER	5.00	↓ _		X	L	Ш		0	0	0
	 	1	<u> </u>			\sqcup				
	 	├ _	$\vdash \dashv$			\vdash				
	 	\vdash	$\vdash \dashv$		ļ	\vdash				
DAA	<u></u>	<u> </u>	ЦШ			Ш		<u> </u>		- 000

A) Name and Title Average hours per verify Posterior (Chesa all that speyly) Posterior (Chesa all	Part VII	FRATERNA Section A. Officers						yees,	and	59-240 Highest Compensated E		Page
to Total Total number of individuals (including but not limited to those listed above) who received Total number of individuals sized in lie 1 for such individual Total number of individuals sized in lie 1 for such individual Total number of individuals sized in lie 1 for such individual Total number of individuals sized in lie 1 for such individual Total number of individuals sized in lie 1 for such individual Total number of individuals sized in lie 1 for such individual Total number of individuals sized in lie 1 for such individual Total number of individuals sized in lie 1 for such individual Total number of individuals sized in lie 1 for such individual Total number of individuals sized in lie 1 for such individual Total number of individuals sized in lie 1 for such individual Total number of individuals sized in lie 1 for such individual Total number of independent contractors of the such person Section B. Independent Contractors Section B. Independent Contractors Name and line so address Total number of independent contractors (including but not limited to those listed above) who received Total number of independent contractors (including but not limited to those listed above) who received		(A)	(B) Average	Pos	ition	(Chec	C) k all t	hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated amount of
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and other compensation for services rendered to the organization? If "Yes," complete Schedule J for such person services rendered to the organization? If "Yes," complete Schedule J for such person 5 to Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (B) Name and business address Description of services Compensation of servic	,			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employue	Former	from the organization	from related organizations	
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Name and business address Description of services Comp Total number of independent contractors (including but not limited to those listed above) who received	Complete	this table for your five	ve highest compe	ensate	ed inc	depe	nder	nt con	trac	tors that received more that	sn \$100,000 of	
										Descrip	(B) otion of services	(C) Compensation
												
	·											
										-		
more than \$100,000 in compensation from the organization ▶				_				to the	ose	listed above) who received		o

	rt V	III Statement of Reve		IR OF	EAGUES		39-2403204		Page 8
		Statement or Neve				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
25	1ā	Federated campaigns	1a					-	
퉏	b	Membership dues	1b	-		İ			
B,E	С	Fundraising events	1c		2,328				
ar a	d	Related organizations	1d						
S,E	е	Government grants (contributions)	1e]		i	
i si	f	All other contributions, gifts, grants,							
혈췵		and similar amounts not included above	1f	l	53,323				
털	g	Noncash contributions included in lines 1a-	 1f	\$					
≌ ۲	h	Total. Add lines 1a-1f			▶	55,651			<u> </u>
e e			-		Busn. Code				
§	2a	FOOD & BEVERAGE INCO	ME			441,679	441,679		
8	b	MEMBERSHIP DUES				26,083	26,083		
ا خِ	C								
Ser	d				ļ <u> </u>				
틆	е				ļ				
Program Service Revenue Contributions, gifts, grants and other similar amounts	f	All other program service rever	ue						
مَ	9	Total. Add lines 2a–2f				467,762			
ľ	3	Investment income (including d	ividen	ds, interes	st, and				
		other similar amounts)			>	2,758	2,758		
	4	Income from investment of tax-	exemp	ot bond pro	oceeds 🕨				
	5	Royalties							
		(ı) Real		(11)	Personal				
	6a	Gross Rents							
	b	Less rental exps							
		Rental inc or (loss)							
l		Net rental income or (loss) Gross amount from (i) Securities		Τ	<u> </u>				
ŀ		sales of assets (i) Securities	<u> </u>	(0)	Other				
ŀ		other than inventory		 					
i	b	Less cost or other							
		basis & sales exps		 					
		Gain or (loss)		<u> </u>					
		Net gain or (loss)			-				
9	8a	Gross income from fundraising ever	its						
ē		(not including \$							
æ		of contributions reported on line 1c)							
Other Revenue		See Part IV, line 18	a						
ਰੋ		Less direct expenses	b						
		Net income or (loss) from fundr Gross income from gaming activities		events					
	Ja	See Part IV, line 19			14,189	,			
	h	Less direct expenses	a b	<u> </u>	1,953				
		Net income or (loss) from gami	_	L	1,955	12,236	12,236		
		Gross sales of inventory, less	ng act	Villes		12,230	12,230		
	·Ju	returns and allowances	а						
	h	Less cost of goods sold	b						
		Net income or (loss) from sales	_	entorv	•				
		Miscellaneous Revenue			Busn. Code				
Ì	11a	MISCELLANEOUS INCOME				1,041	1,041		
	b					-,			
	C					-			<u> </u>
	d	All other revenue							
	0	Total. Add lines 11a-11d			•	1,041		 	
	12	Total Revenue. See instruction	ns		▶	539,448	483,797		0

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			(C)	
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part Vill.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		<u> </u>		
	organizations in the U.S. See Part IV, line 21	619			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,		-		
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	500			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	_			
7	Other salaries and wages	48,634			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,763			
11	Fees for services (non-employees)				
а	Management				i
b					-
С	Accounting	4,195			
d	Lobbying				
θ	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	256			
13	Office expenses	9,995			
14	Information technology		 	<u> </u>	
15	Royalties		<u> </u>		
16	Occupancy	39,667			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	459		 	
20	Interest	10000			
21	Payments to affiliates	13,209		 	<u> </u>
22	Depreciation, depletion, and amortization	26,460			
23	Insurance	2,597			
	011-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
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) COGS	244,798		 	····
a	MUSIC & ENTERTAINMENT	40,793		 	
b	SUPPLIES	22,564			
c d	REPAIRS & MAINTENANCE	3,115		 	
a e	LICENSE	1,226		 	
e f	All other expenses	419		 	
25	Total functional expenses. Add lines 1 through 24f	465,269			-
<u>25</u> 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				
	from a combined educational campaign and fundraising solicitation				

_		Polones Sheet			2403204		Page II					
_ <u>F</u>	art >	(Balance Sheet			(A) Beginning of year		(B) End of year					
	1	Cash—non-interest bearing			46,811	_ j]_	40,499					
	2	Savings and temporary cash investments		Ī	329,988	2	355,630					
	3	Pledges and grants receivable, net		ľ		3						
	4	Accounts receivable, net		.		4						
	5	Receivables from current and former officers, directors, tri	ustees, key									
		employees, and highest compensated employees Comple	ete Part II of									
		Schedule L				5						
	6	Receivables from other disqualified persons (as defined u	nder section	j								
		4958(f)(1)) and persons described in section 4958(c)(3)(B		l								
		Part II of Schedule L	,]		6						
its.	7	Notes and loans receivable, net	İ	,,,,	7							
Assets	8	inventories for sale or use		ţ	20,413	8	17,422					
ä	9	Prepaid expenses and deferred charges			750	9						
	1	Land, buildings, and equipment cost or	[]	t								
	.00	other basis Complete Part VI of Schedule D	10a	685,806		1 Y						
	١,	Less accumulated depreciation	10b	274,679	432,564	100	411,127					
	11	Investments—publicly traded securities	212,013	452,504	11							
	12	Investments—other securities See Part IV, line 11	ŀ	 	12							
	13		ŀ		13							
	l	Investments—program-related See Part IV, line 11	ļ		14							
	14	Intangible assets	}	153		20,456						
	15	Other assets. See Part IV, line 11		<u> </u>	830,679	15	845,134					
	16	Total assets. Add lines 1 through 15 (must equal line 34)	630,679	16								
	17	Accounts payable and accrued expenses	}		17							
	18	Grants payable	ŀ		18							
	19	Deferred revenue		}	·	19						
40	20	Tax-exempt bond liabilities		ŀ	- 	20						
Liabilities	21	Escrow or custodial account liability Complete Part IV of S		Ļ		21						
≝	22	•	•	i								
ap		employees, highest compensated employees, and disqual	lified									
		persons Complete Part II of Schedule L		-		22						
	23					23						
	24	Unsecured notes and loans payable to unrelated third part	ties	}	1 540	24						
	25	Other liabilities Complete Part X of Schedule D		-	1,548	25	1,194					
	26	Total liabilities. Add lines 17 through 25	· · · · · · · · · · · · · · · · · · ·		1,548	26	1,194					
ės	}	Organizations that follow SFAS 117, check here ▶	and	4	i	- 1						
2		complete lines 27 through 29, and lines 33 and 34.				1						
ala	27	Unrestricted net assets		ļ.		27						
Ö	28	Temporanly restricted net assets		<u> </u>		28						
2	29	Permanently restricted net assets	<u></u>]		29						
Ŧ		Organizations that do not follow SFAS 117, check here	e ► X	l		Į						
ŏ	1	and complete lines 30 through 34.										
ţ	30	Capital stock or trust principal, or current funds										
Se	31	Paid-in or capital surplus, or land, building, or equipment fi	Ļ		31							
As	32	Retained earnings, endowment, accumulated income, or o	other funds	Ţ	829,131	32	843,940					
Net Assets or Fund Balances	33	Total net assets or fund balances		Ĺ	829,131	33	843,940					
Z	34	Total liabilities and net assets/fund balances			830,679	34	_845,134					

Form **990** (2009)

om	990 (2009) FRATERNAL ORDER OF	EAGLES	59-2405204		Pa	ge 12
Pa	rt XI Financial Statements and Rep	porting				
					Yes	No
1	Accounting method used to prepare the Form 990	X Cash	Accrual Other			
	If the organization changed its method of accounting	ng from a pnor ye	ear or checked "Other," explain in		 	
	Schedule O			İ		
2 a	Were the organization's financial statements comp	oiled or reviewed l	by an independent accountant?	2a		X
b	Were the organization's financial statements audite	ed by an indepen	dent accountant?	2b	<u> </u>	X
C	If "Yes" to line 2a or 2b, does the organization have	e a committee tha	at assumes responsibility for oversight of			
	the audit, review, or compilation of its financial sta	itements and sele	ection of an independent accountant?	2c		
	If the organization changed either its oversight pro-	cess or selection	process dunng the tax year, explain in			
	Schedule O				İ	
d	If "Yes" to line 2a or 2b, check a box below to indic	cate whether the f	financial statements for the year were		1	
	issued on a consolidated basis, separate basis, or	both		ľ	ł	
	Separate basis Consolidated basis	Both consolic	dated and separate basis	1	 	
3a	As a result of a federal award, was the organization	n required to und	ergo an audit or audits as set forth in	,		
	the Single Audit Act and OMB Circular A-133?			3a	ľ	X

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)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public

Internal Revenue Service Inspection Name of the organization Employer identification number FRATERNAL ORDER OF EAGLES 4089 AERIE 59-2405204 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art,

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

a Revenues included in Form 990, Part VIII, line 1

provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	\$_				_	_	_
\blacktriangleright	\$	_	_	_	_	_	_

Schedule D (Form 990) 2009

ocne	dule D (Form 990) 2009 E 1051 E 1051	OUDDIN OF TWO	وجيه		J	03204			Page Z
	art III Organizations Maintaining (Collections of Art, H	istorical Treasu	ires. c	or Other S	imilar Ass	sets (c	ontinue	
3	Using the organization's acquisition, accession, collection items (check all that apply)								<i>::1</i>
а	Public exhibition	d Loan or	exchange programs	:					
ь	Scholarly research	e Other							
c	Preservation for future generations	о <u> </u>					_		
4	Provide a description of the organization's collect	tions and explain how the	further the organiza	ition's ex	cempt purpos	se in			
5	Part XIV Dunng the year, did the organization solicit or re-				ılar			П.,	١١
	assets to be sold to raise funds rather than to be					/- "A - E	- 00	Yes	No
Pa	ert IV Escrow and Custodial Arrar			tion an	iswered "	res" to Fo	rm 990	o, Part	
	IV, line 9, or reported an amo								
1a	Is the organization an agent, trustee, custodian of	or other intermediary for co	entributions or other a	assets n	ot			_	
	included on Form 990, Part X?							Yes	∐ No
þ	If "Yes," explain the arrangement in Part XIV and	d complete the following ta	ble						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance								
2a	Did the organization include an amount on Form	990, Part X, line 21?						Yes	L No
_	If "Yes," explain the arrangement in Part XIV								
<u> Pa</u>	rt V Endowment Funds. Comple	te if organization an	swered "Yes" to	Form	<u>990, Part</u>	IV, line 10	<u>). </u>		
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three yea	rs back	(e) Four	ears back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities		ļ				- [
	and programs								
f	Administrative expenses								
g	End of year balance				l				
2	Provide the estimated percentage of the year en	d balance held as							
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
C	Term endowment ▶ %								
3a	Are there endowment funds not in the possession	n of the organization that a	are held and adminis	tered for	the			_	
	organization by								res No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organizations list	ted as required on Schedu	le R?					3b	
4	Describe in Part XIV the intended uses of the organic					<u></u>			
<u>_Pa</u>	rt VI Investments—Land, Buildin	gs, and Equipment	See Form 990,	Part >	<u>X, line 10.</u>		_		
	Description of investment	(a) Cost or other basis	(b) Cost or other	er	(c) Acc	umulated		(d) Book v	alue
		(investment)	basis (other)		depre	ciation	ļ		
1a	Land		161	019			↓	<u> </u>	<u>1,019</u>
b	Buildings		<u> </u>						
С	Leasehold improvements		<u> </u>				<u> </u>		
d	Equipment		<u> </u>				<u> </u>		
	Other		524	, 787		274,679)		0,108
Γotal	I. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X, colum	n (B), line 10(c))		_		<u>·1</u>	41	<u>1,127</u>

Schedule D (Form 990) 2009 FRATERNAL ORDER OF	FEAGLES	59-2405204	Page
Part VII Investments—Other Securities. See For	rm 990, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)	_	Cost or end-of-year market va	alue
Financial derivatives			
Closely-nera equity interests			
Other			
		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	D-4 // 1' 40		
Part VIII Investments—Program Related. See Fo			
(a) Description of investment type	(b) Book value	(c) Method of valuation	al
		Cost or end-of-year market va	alue
		 	
		-	
	-	-	
		-	<u></u>
			<u> </u>
			
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) Descrip		(b)	Book value
		- '-'	
		·········	
			-
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)			
Part X Other Liabilities. See Form 990, Part X,	line 25.		
1 (a) Description of liability	(b) Amount		
Federal income taxes			
PAYROLL TAXES PAYABLE	70		
OTHER PAYROLL LIABILITIES	49	<u>1</u>	
		4	
		4	
		4	E.
		_	
		_	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 Footnote in Part XIV, provide the text of the footnote to the	▶ 1,19		

organization's liability for uncertain tax positions under FIN 48.

che	dule D (Form 990) 2009 FRATERNAL ORDER OF EAGLES		39-240320	4	_ Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), fine 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	,
7	Pnor penod adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
Pa	irt XII Reconciliation of Revenue per Audited Financial Statemen	<u>nts W</u>	ith Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		1		
а	Net unrealized gains on investments	2a			
þ	Donated services and use of facilities	2b	<u> </u>]]	
C	Recovenes of pnor year grants	2c			
d	Other (Describe in Part XIV)	2d		}	
0	Add lines 2a through 2d			2ө	
3	Subtract line 2e from line 1	,	(3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIV)	4b	<u> </u>	1 1	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	art XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses per R	eturn	<u> </u>
1	Total expenses and losses per audited financial statements			_1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1	1 1	
а	Donated services and use of facilities	2a		. [
þ	Pnor year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1	,	r	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:) i	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		<u></u>	5	
_	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines		·		
	2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and	I 4b Also complete		
	part to provide any additional information				
_P	<u> ART XIV - SUPPLEMENTAL FINANCIAL INFORMATIO</u>	<u>1</u> –			
A	N ACCOUNTING ADJUSTMENT WAS MADE TO NET ASSI	<u>ets</u>	FROM 05-31-09	_o <u>f</u>	<u>(\$59,370)</u> ,_
W	HICH_REPRESENTS THE NET ASSETS_OF THE LADIE:	ZA_E	XILLIARY #408	<u>9</u>	
Į	N PRIOR YEARS, THE EAGLES HAD REPORTED THE	<u>FISC</u>	AL YEAR FINAN	<u>CIA</u>	L_ACTIVITY _
A	ND_NET_ASSETS OF THE LADIES AUXILLIARY #408	9 <u>. E</u>	OWEVER, IN FY	E 0	5-31-10, <u>I</u> T_
W	AS_DISCOVERED THAT_THE_AUXILLIARY HAD PREVIO	วบรฐ	Y_APPLIED_FOR	<u>_an</u>	D_RECEIVED _
_ I <u>'</u>	IS_OWN_FEDERAL_TAX_IDENTIFICATION_NUMBER_(5	9_24	107301),_AND_H	AD_	ALREADY

Schedule D	(For	m 990	2009	F	RAT	CERI	NAL	OR	DER	OF	E/	AGL:	ES				59-2	405	5204	1		Page 5
Part XI	V	Sup	oleme										,									
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_RESP	OMS	IBL	e_f	OR_	F <u>I</u> I	ĮŅ.	<u> </u>	T <u>s</u>	ŌŴŊ	TA	<u>x</u> i	<u>e</u>	URN,	TH	ERE	FORE	тні	_s_	O <u>NE</u>	TIM	E ENTRY	OF_
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59-2405204

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

2009

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Name of the organization

FRATERNAL ORDER OF EAGLES

4089 AERIE

Employer identification number

59-2405204

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS REVIEWED WITH THE ACCOUNTANT BY MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING THE RETURN

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST, ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAIALABLE TO THE GENERAL MEMBERSHIP AND PUBLIC

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

Attach to your tax return.

Attachment Sequence No

Name(s) shown on return

Business or activity to which this form relates

FRATERNAL ORDER OF EAGLES

4089 AERIE

ដៃ៩ភាពថ្ងៃកែឬ number 59-2405204

<u>I</u>	NDIRECT DEPRECIATI	ION						
Pa	•	•	erty Under Section					
	Note: If you have a	any listed propert	y, complete Part V	before you	complete Pa	<u>rt 1</u>		
1	Maximum amount. See the instruct	=					1_	250,000
2	Total cost of section 179 property p		2	000 000				
3	Threshold cost of section 179 prop		3	800,000				
4	Reduction in limitation Subtract line						4	
	Dollar limitation for tax year. Subtract lin						5	
6	(a) Description	n or property	(B) Co	st (business use	only) (c)	Elected cost		
-	Ludad assact. Estactic amount 6	luna 20			r . 			
7	Listed property Enter the amount f		un calumn (a) lunca 6 and	7	7	·	T .	
8	Total elected cost of section 179 pr	•	in column (c), lines 6 and	1			8	
9	Tentative deduction Enter the small		000 Form 4562				10	
10 11	Carryover of disallowed deduction and Business income limitation. Enter the	<u>-</u>		ura) ar lina 5 (c	eo instructions)		11	
12	Section 179 expense deduction Ad		•	,	ee mstructions)		12	
13	Carryover of disallowed deduction	•		E 	13		14	
	: Do not use Part II or Part III below				19 1	-		
			nd Other Depreciat	ion (Do no	t include liste	ed prope	erty) (See instr)
14	Special depreciation allowance for					o prope	1	Occ mou.)
1-7	during the tax year (see instruction		or than listed property) pr	acca III 301 110	•		14	
15	Property subject to section 168(f)(1	•					15	
16	Other depreciation (including ACRS		16	26,460				
			de listed property.)	(See instru	ctions.)			
			Section A	1				
17	MACRS deductions for assets place	ed in service in tax ye	ars beginning before 200	9			17	0
18	If you are electing to group any assets pl	•	- ·		ounts, check here	· []		
			rvice During 2009 Tax Y				stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
 19a	3-year property							
b	5-year property]						
С	7-year property]						
d	10-year property] '						
е	15-year property							
f	20-year property	1						
g	25-year property			25 yrs		S/L		
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	<u> </u>	<u> </u>	<u> </u>	MM	S/L		
	Section C—A	ssets Placed in Serv	ice During 2009 Tax Yea	r Using the A	Iternative Depr	eciation S	ystem	
20a	Class life	4		<u> </u>		S/L		
	12-year			12 yrs		S/L	·	
	40-year	<u> </u>		40 yrs	MM	S/L		
<u> Pa</u>	art IV Summary (See ins						T	
21	Listed property Enter amount from						21	
22	Total. Add amounts from line 12, li				Enter here			
	and on the appropriate lines of you	•	•	instructions	г - т -		22	26,460
23	For assets shown above and place	_	e current year, enter the					
	portion of the basis attributable to s	ection 263A costs						4500