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n of Organization Exempt From Id Forin Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury Internal Revenue Service Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection 06/01/09 05/31/10 For the 2009 calendar year, or tax year beginning and ending Piease FRATERNAL ORDER OF EAGLES C Name of organization Check if applicable Employer identification number use IRS OGDEN CHAPTER Address change label or 87-0199683 Doing Business As print or Name change type Number and street (or P O box if mail is not delivered to street address) Telephone number Room/suite Initial return See 975 WALL AVENUE 801-399-5581 Specific Termination City or town, state or country, and ZIP + 4 461.962 Instruc-G Gross receipts \$ OGDEN 84404 Amended return UT tions F Name and address of principal officer H(a) is this a group return for Application pending affiliates? If "No " attach a list (see instructions) X 501(c) 4947(a)(1) or Tax-exempt status √ (insert no) 527 N/A Website: ▶ H(c) Group exemption number ▶ X Association 1949 Corporation Type of organization Trust Other > Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities PROVIDE CHARITY WORK FOR INDIVIDUALS AND ORGANIZATIONS BY LESSENING ITS ILLS, AND BY PROMOTING PEACE, PROSPERITY, GLADNESS, AND HOPE. of its net assets. 2 Check this box If the organization discontinued its operations 12 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part 7102 90) 4 5 Total number of employees (Part V, line 2a) 53 5 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), III 2 (3) 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 302 8 Contributions and grants (Part VIII, line 1h) 214, 57,624 218,214 9 Program service revenue (Part VIII, line 2g) 53,414 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 769,886 199,955 120,104 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 322,506 310,993 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 178,974 145,543 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 300,220 205,680 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 479,194 351,223 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -40,230 843,312 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year ,224,833 2,158,185 20 Total assets (Part X, line 16) 30,260 3,842 21 Total liabilities (Part X, line 26) 194.573 2,154,343 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, Neclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Date NNED Type or print name and title Preparer's identifying number Check if Date Preparer's (see instructions) **Paid** employed > 01/05/12 signature Preparer's 87-0318799 STEVE **JOHNSTUN** & ASSOCIATES EIN Firm's name (or yours **Use Only** 3590 HARRISON BOULEVARD, SUITE GL-2 Phone if self-employed). 801-399-1183 address, and ZIP + 4 OGDEN, 84403 Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2009) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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87	-(1	9	9	6	8	3

-	Part III Statement of Program	Service Accomplishments	•	
	Bnefly describe the organization's mission			
	PROVIDE CHARITY WORK	FOR INDIVIDUALS .	AND ORGANIZATIONS B	Y LESSENING ITS
	ILLS, AND BY PROMOTIN	G PEACE, PROSPER	ITY, GLADNESS, AND	HOPE.
2		ficant program services during the	year which were not listed on	
	the prior Form 990 or 990-EZ?			Yes X No
2	If "Yes," describe these new services on Did the organization cease conducting, o		st conducto on concess	
3	services?	in make significant changes in now	it conducts, any program	Yes X No
	If "Yes," describe these changes on Scho	 edule O	• • •	
4			hree largest program services by expe	nses
	Section 501(c)(3) and 501(c)(4) organiza			
	allocations to others, the total expenses,			
	la (Code:) (Expenses \$	338,499 including gra		(Revenue \$
	PROVIDE CHARITY WORK			
	ILLS, AND BY PROMOTIN	G PEACE, PROSPER	ITY, GLADNESS, AND	HOPE.
				•
			• • • • • • • • • • • • • • • • • • • •	
	• • • • • • • •			
				•
41				
٠,	lb (Code:) (Expenses \$	including gra	ints of \$)	(Revenue \$
•	b (Code:)(Expenses \$		nts of \$)	(Revenue \$
•	(Code:)(Expenses \$		ints of \$)	(Revenue \$
•	(Code:)(Expenses \$	Including gra	ints of \$)	(Revenue \$
•	(Code:)(Expenses \$	Including gra	ints of \$)	(Revenue \$
•			ints of \$	(Revenue \$
•	(Code:)(Expenses \$	including gra	ints of \$)	(Revenue \$
•	#B (Code:)(Expenses \$	including gra	ints of \$	(Revenue \$
	#B (Code:)(Expenses \$	including gra	ints of \$)	(Revenue \$
	#B (Code:)(Expenses \$	including gra	ints of \$	(Revenue \$
	## (Code:)(Expenses \$	including gra	ints of \$	(Revenue \$
	#B (Code:)(Expenses \$	including gra	ints of \$)	(Revenue \$
	LC (Code:) (Expenses \$	including gra		(Revenue \$
40	C (Code:) (Expenses \$	Including gra		
40	Ic (Code:) (Expenses \$		nts of \$	
40	C (Code:) (Expenses \$	Including gra		

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				,		Yes	No_
1	'Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			- 1			
	complete Schedule A			į	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			Į	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			- 1	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	•••	•				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"						
	complete Schedule D, Part I				6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•	•	•			·
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"						
•	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,"						
	complete Schedule D, Part IV			1	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			.	9		
10	quasi-endowments? If "Yes," complete Schedule D, Part V				40		X
44	•• • • • • • • • • • • • • • • • • • • •		٠		10		_
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable					x	
_				.	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 related in Part X, line 15 that is 5% or more of its total assets						
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX						
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X						
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses]	-	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.					- 1	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D, Parts XI, XII, and XIII	٠.٠			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	1	X		1	
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,				- 1	ļ	
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any					i	
	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			- 1			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	-			16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services						_
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I				17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1	ļ	1	
	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?	-	• •			1	
	If "Yes," complete Schedule G, Part III				19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	···		}	20		X
					Form	990	(2009)

<u> P</u>	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	¹ Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	ľ		
	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	1		
	\$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	240		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	 	
		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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
25a	, , , , , , , , , , , , , , , , , , ,			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		ļ	
	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
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	1		
_	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 more trial \$25,000 km for cash contributions of art, historical treasures, or other similar assets, or qualified	25	<u> </u>	
30		20	-	X
24	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,] .	v
	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			₹7
	Schedule N, Part II	32		<u> </u>
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		<u> </u>
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		<u> </u>
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		<u> </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	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note . All Form 990 filers are required to complete Schedule O.	38		X
	The state of the s		- 990	

Form **990** (2009)

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Form 990 (2009) FRATERNAL ORDER OF EAGLES
Part V Statements Regarding Other IPS Filling

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Page 5

	art V Statements Regarding Other IRS Filings and Tax Compliance			
1a	Fotor the number reported in Poy 2 of Form 1000. Annual Commence and Towns 101 of	<u></u>	Yes	No
ıa	U.S. Information Policy of the Control of the Contr			l
ь		-		
C		1		1
·	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			77
2a		1c		X
Za				1
b	Statements, filed for the calendar year ending with or within the year covered by this return [2a 53] If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			x
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b		
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
Ju	this return?	2-		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
•••	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country: ▶	-+0	-	
-	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1
	and Financial Accounts			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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	30		
	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	- 50		
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).		,	Γ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal]		ł
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			İ
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ĺ
	organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			İ
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12		-	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter		, ,	
а	Gross income from members or shareholders 11a	. 1	,	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

87-	0	1	9	9	6	8	3	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	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			
	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			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
р	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ь		1
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
•	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		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
-	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	ILU		
ŭ	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		х
13 14	Does the organization have a written document retention and destruction policy?	14		X
ı ⊶ 15	Did the process for determining compensation of the following persons include a review and approval by			
J	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	
	The organization's CEO, Executive Director, or top management official	15a		X
a b	Other officers or key employees of the organization	15b		x
Ь	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	155		
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Va	with a tayable entity during the year?	16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	1		
	the organization's exempt status with respect to such arrangements?	16b		
2001	tion C. Disclosure	100		
	List the states with which a convert this Form 000 is required to be fled NONE			
17				
8	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 Upon request			
9	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			
	L 1/3 Div 1/0100/1/3			
	organization: ► MARY MONTOYA 975 WALL AVE. DEN UT 84404 801	-39	0-5	501

Part VII

Form 990 (2009) FRATERNAL ORDER OF EAGLES

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	1	sate	any	curre	nt of	fficer	, dıre	ctor, or trustee		
(A) Name and Title	(B) Average hours per week	© Individual trustee Or director	Institutional trustee			a Highest compensated employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MAVANEE SMITH							-			
SECRETARY	30.00	X			_	L.,		27,267	0	0
MARLENE P. OLIVAS	1								_	
OUTSIDE GUARD	35.00	X	<u> </u>		_	_		17,416	0	0
SARAH P. JOHNSON	17.00	3						6 744		•
CHAPLIN GLEN A. PAYNE	17.00	X			_	-		6,744	0	0
BOARD OR TRUSTEES	5.00	x						100	o	0
WILLIAM P. EVANS	3.00			_				100		
BOARD OF TRUSTEES	5.00	X						25	o	0
DAVID SWANKE										<u></u>
JR. PAST PRESIDENT	5.00	X						O	o	0
JOHN L. OTT										
CONDUCTOR	5.00	X						0	0	0
JAMES W. STIGERS,	DR.					i				
INSIDE GUARD	5.00	X						0	_0	0
TERRY L. MARCUS	5 00									_
BOARD OF TRUSTEES	5.00	X				_		0	0	0
MONICA J. SHELSTE	дD 15.00			x	ļ			1 500	o	0
TREASURER STEVE L. GILBERT	15.00			^		\dashv		1,500	- 0	0
WORTHY PRESIDENT	5.00			x				28	o	0
FRANK A. WYNN	3.00		\dashv		\dashv					
WORTHY VICE PRESIDEN	5.00			\mathbf{x}	İ	ļ		1	o	0
								- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	,	······································
						7				

Part VII Section A. Officers	, Directors, Tru	stees	s, Ke	y En	nplo	yees	, an	d Highest Compensated E	mployees (continued)		<u>-</u>	age
(A) Name and Title	(B) Average hours per			(chec	C) k all t	that a	,	(D) Reportable compensation	(E) Reportable compensation	(F Estim amou	ated	
·	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comper comper from organi and re organi	er nsation the zation elated	
										-		
												-
												<u> </u>
1b Total	 		<u></u>				•	53,081				
2 Total number of individuals (inclined reportable compensation from the compensation from the compensation)	•			ose I	ısted	abo	ve) v	who received more than \$10	00,000 in			
Toportable sompendation from a	no organization)				-						Yes	No
3 Did the organization list any for							loye	e, or highest compensated				x
employee on line 1a? If "Yes," of 4 For any individual listed on line							on a	 and other compensation from	 n	3	 	├ ^
the organization and related org											İ	x
individual . 5 Did any person listed on line 1a	receive or accri	Ie coi	mpei	nsatı	on fr	om a	ทง น	 inrelated organization for		. 4	 	┲
services rendered to the organiz	zation? If "Yes,"								<u> </u>	5	<u> </u>	X
Section B. Independent Contracto				1			4		. #400 000 -£			
Complete this table for your five compensation from the organization.	ation	isate	u mu	epei	iden		wacı			···		
Name and b	(A) business address							Descript	(B) on of services	c	(C) ompensa	ation
· · · · · · · · · · · · · · · · · · ·								-				
										-		
	•	-										
2 Total number of independent co	•				ited 1	to the	ose li	isted above) who received				
more than \$100,000 in compens	sation from the o	igan!	∠a110	n 🚩					.		m 99 0	(200

			TERNAL C		K OF	EAGLES	<u> </u>	87-0199683		Page 9
<u> P</u>	art V	/III Staten	nent of Reve	nue			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Program Service Revenue Contributions, gifts, grants and other similar amounts	1a b	Federated can		1a 1b		18,370		revenue		512, 513, or 514
ge,	c	Fundraising ev	• •	1c		20/0/0	}	1		
ar a	d	Related organi		1d			,	1		
S.E	е	Government grants (•	1e			· · ·]:		
tion	f	All other contribution	s, gifts, grants,				, '			
ëž		and similar amounts		1f		39,254		'		
a tr	g	Noncash contribution	ns included in lines 1a-1	1	\$					
<u>~</u>	h	Total. Add line	s 1a–1f				57,624			
ne						Busn. Code				
Ven	2a									
8.	b									
Vice .	С									
Ser	d									
a.	е									
rogi	f	All other progra	ım service reven	ue .						
<u>ا</u> ا	9	Total. Add line			<u> </u>	<u> </u>		<i>-</i>		
	3		ome (including di	vidend	s, interes	t, and				
		other similar an	•			•	53,414	53,414		
	4		vestment of tax-e	exempt	bond pro	ceeds 🕨				
	5	Royalties				. •				
			(ı) Real		(II) F	Personal	, 556			
	6a	Gross Rents	155,			_				
	b	Less rental exps	53,					ĺ		
	С	Rental inc or (loss)	101,	194					,	
	d 7a	Net rental incor		· · ·	·	▶ .	101,194	101,194		
		sales of assets	(i) Secunties		(11)	Other	八字 强强的	i vi	t =	
		other than inventory						-, r	· · · · · · · · · · · · · · · · · · ·	
	b	Less cost or other		l				`″-ຸ-	٠	
		basis & sales exps	······································					'		
İ		Gain or (loss)					4 -	!	•	
ı		Net gain or (los	•	_		. •	* ***	1 1 29 23		
e n	ва		n fundraising event	5						İ
- Ne		(not including \$		İ			,		-	
8		of contributions re				7 004		, -		
Other Revenu		See Part IV, line 1		a		7,284		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
8		Less: direct exp	• •	_ b		12,340	_E_056	F 050		
			loss) from fundra	ising e	vents		-5,056	-5,056	, , ,	
	Jā	Gross income from See Part IV, line 1	-	ا۔			# 11 4 7 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		`a 1	
	L	Less: direct exp		. a b				, , , , , , , , , , , , , , , , , , ,	5	
			enses loss) from gamin	~ _			-* , .		-	
		Gross sales of I		y activ.	iues .	•	 			
		returns and allo		a		188,544	الهاجي ور			
ļ		Less. cost of go		a b		84,727				
			oss) from sales o		ntony.	04,121 ▶	103,817	103,817		
 			llaneous Revenue	// IIIVEI		Busn. Code		- ,		
ŀ	11a						1.00		1 -	
	b				. }					
	c	• • • • • • • • • • • • • • • • • • • •						-		
		All other revenue	 e		••••••					
		Total. Add lines	44- 444		٠٠ ١	•				
			See instructions			· · .	310,993	253,369	(0
	<u></u>						320,333		<u>`</u>	Form 990 (2009)

Form 990 (2009)

87-0199683

FRATERNAL ORDER OF EAGLES

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).

				· // //	` '
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1					
	organizations in the U.S. See Part IV, line 21	-		San Day Low	
2					
_	45 - LLC Con Dark IV line 22				
•	••••				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	132,680	132,680		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	12,863	12,863		
11	Fees for services (non-employees)				
а	Management				
þ	Legal	·			
С	Accounting	2,150		2,150	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		.,		
f	Investment management fees	170 411	450 444		
g	Other	178,411	178,411		
12	Advertising and promotion	10.010			
13	Office expenses	10,249		10,249	
14	Information technology				
15	Royalties	ļ			
16	Occupancy		· · · · · · · · · · · · · · · · · · ·		
17	Travel				_ <u></u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	305		305	
	Conferences, conventions, and meetings	325		325	
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,545	14,545		
23	Insurance	14,343	74,040 (***********************************	40 C 40 C	
۰,	Other synapses Hammer systems and		人。2016年11月		
24	Other expenses. Itemize expenses not			The same	-
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed		a straight had	-	-
	5% of total expenses shown on line 25 below)	Lite of the Control of the Control	Land Carlon But		
a					
b		, -			
ت C					 -
d					
e	All other expenses				
т 25	Total functional expenses. Add lines 1 through 24f	351,223	338,499	12,724	
<u>25</u> 26	Joint costs. Check here ► If following	331,223	330,133		
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation	ļ			
	· · · · · · · · · · · · · · · · · · ·				

Form 990 (2009) FRATERNAL ORDER OF EAGLES

Part	X Balance Sheet			
		(A) Beginning of year	-	(B) End of year
1	Cash—non-interest bearing	136,941	1	91,697
2	Savings and temporary cash investments	7,621	2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key	-		
4	employees, and highest compensated employees. Complete Part II of			
	Schedule L	ļ	5	
6	Receivables from other disqualified persons (as defined under section		<u>. </u>	
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L		6	
ssets 7 8	· · · · · · · · · · · · · · · · · · ·		7	
SS	Inventones for sale or use	12,510	 -8	12,510
و الخ	Prepaid expenses and deferred charges		9	
1 1	a Land, buildings, and equipment cost or			
1.0	other basis. Complete Part VI of Schedule D 1,067,761			
. ! .	Less. accumulated depreciation 10b	1,067,761	10c	1,067,761
11	Investments—publicly traded securities	1,007,701	11	1,007,701
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	1,000,000	15	986,217
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,224,833	16	2,158,185
17	Accounts payable and accrued expenses	2,224,000	17	2,130,163
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u>=</u> 22	· · · · · · · · · · · · · · · · · · ·	1		
<u> </u>	employees, highest compensated employees, and disqualified			
Liabilities 22	persons. Complete Part II of Schedule L	·	22	
ے 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	30,260	25	3,842
26	Total liabilities. Add lines 17 through 25	30,260	26	3,842
	Organizations that follow SFAS 117, check here ▶ and	J. 1 2 13 3 4 2 4		
Fund Balances	complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets		27	
E 28	Temporarily restricted net assets		28	
2 29	Permanently restricted net assets		29	
֝֟֝֝ <u>֞֝</u> ֡֡	Organizations that do not follow SFAS 117, check here ▶ 🗓	(m)		-
֡֡֡֡֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡֓֓֓֓֡֡֡֓֓֓֡֡֡֓֓֓֡֡֡֡	and complete lines 30 through 34.	ور و المرابع ا		-
O 30	Capital stock or trust principal, or current funds	1,354,167	30	1,354,167
31	Paid-in or capital surplus, or land, building, or equipment fund	47,623	31	47,623
SS 32	Retained earnings, endowment, accumulated income, or other funds	792,783	32	752,553
Net Assets or 30 32 33 34	Total net assets or fund balances	2,194,573	_	2,154,343
2 34	Total liabilities and net assets/fund balances	2,224,833		2,158,185
			<u> </u>	

Form **990** (2009)

					₹		,		
8	7	_	O	1	9	9	6	8	3

orm	1990 (2009) FRATERNAL ORDER OF EAGLES 87-0199683		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1 '	Accounting method used to prepare the Form 990.			
	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		_X_
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		İ	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.	1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

> Open to Public Inspection

Name of the organization Employer identification number FRATERNAL ORDER OF EAGLES OGDEN CHAPTER 87-0199683 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) ... 2 Aggregate grants from (during year) 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, 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 b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🕨 __ _ _ _ _ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 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)(i) and section 170(h)(4)(B)(ii)? 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (iii) Assets included in Form 990, Part X 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 under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1

Sche	dule D (Form 990) 2009 FRATERINAL	OKDEK OF	EAGL!	<u> </u>	87-0	199683		Page 2
Pa	art III Organizations Maintaining (Collections of	Art, His	torical Treas	ures, or Other	Similar Assets	(contin	ued)
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records	, check an	y of the following	that are a significal	nt use of its		
а	Public exhibition	đ 📗	Loan or e	xchange program	ıs			
b	Scholarly research	e 🗌	Other					
С	Preservation for future generations		_	- -				
4	Provide a description of the organization's collector XIV	ctions and explain	how they f	urther the organiz	zation's exempt pur	pose in		
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	ceive donations of	art, histor	ical treasures, or	other similar			es No
Pa	art IV Escrow and Custodial Arrar					"Yes" to Form		
•	IV, line 9, or reported an ame	_	-	•			•	
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for con	tributions or other	assets not			
	included on Form 990, Part X?						Y	'es No
b	If "Yes," explain the arrangement in Part XIV an	d complete the follo	owing table	e:				L
			_				Amou	nt
С	Beginning balance					1c		
ď	Additions during the year		•	•		1d		
e	Distributions during the year	••		• • • • • • • • • • • • • • • • • • • •	• •	1e		
f	Ending balance					1f		
-	Did the organization include an amount on Form	1 990 Part X line :		•	•	· · L. · · L		es No
	If "Yes," explain the arrangement in Part XIV.	1000, 1 01174, 1110 2	- • •	•	•	•	T	es 🗀 No
	rt V Endowment Funds. Comple	te if organizati	on answ	ered "Yes" to	Form 990 Pa	rt IV line 10		
		(a) Current year		(b) Pnor year	(c) Two years back		ack (e) Fo	ur years back
12	Beginning of year balance	(4)	-	(2) / Hor your	(b) (the following)		(4).0	. , , , , , , , , , , , , , , , , , , ,
b	Contributions				* * * * * * * * * * * * * * * * * * * *			
	Net investment earnings, gains,				= 41. J. J. (10	1:		
·	and losses					1	į	
d	Grants or scholarships				2 % [-]. 4 %	- 5 & 1 ·		
	Other expenditures for facilities			 -	<u> </u>	7		
-	and programs							
	Administrative expenses				 	 		
					, ,	`		
g	End of year balance				1			
2	Provide the estimated percentage of the year en							
a	Board designated or quasi-endowment	- %						
D	Permanent endowment ► % Term endowment ► %							
_		- of the	45-4		-4			
3a	Are there endowment funds not in the possession	m of the organization	on that are	e neia ana aamini	stered for the			V N-
	organization by						2-43	Yes No
	(i) unrelated organizations				· · · · · · · ·		3a(i)	
	(ii) related organizations						3a(ii)	4
D	If "Yes" to 3a(II), are the related organizations lis						3b	1
4	Describe in Part XIV the intended uses of the organization				Dod V. Con 40	·		
<u> Pa</u>	rt VI Investments—Land, Building						44) 5	
	Description of investment	(a) Cost or other		(b) Cost or oth	1 1	Accumulated	(d) Boo	k value
		(investment)	' 	basis (other)		preciation		
	Land			1 000	7.61	/		67 761
	Buildings	·		1,067	, , o T		1,0	67,761
	Leasehold improvements							
d	Equipment							
	Other							<u> </u>
Total	Add lines 1a through 1e. (Column (d) must equa	I Form 990, Part X	, column (B), line 10(c).)	·	<u> ▶</u>]_	1,0	67,761

Schedule D (Form 990) 2009

Page	•
rauc	•

Part VII	Investments—Other Securities. See Form	<u>990, P</u> ar	rt X, line 12.		
,	(a) Description of security or category		(b) Book value	(c) Method of	
· 	(including name of security)			Cost or end-of-year	r market value
Financial deni	vatives				
Closely-held e	equity interests				
Other					
					·,··· ,
		· –			
		· –			
		· – 			
F-4-1 (C-1	- (h)				
	n (b) must equal Form 990, Part X, col (B) line 12)	000 Da	d V line 40	_ 	
Part VIII	Investments—Program Related. See Form	1990, Pa			
	(a) Description of investment type		(b) Book value	(c) Method of	
				Cost or end-of-yea	r market value
	· · · · · · · · · · · · · · · · · · ·				
	·				
					
Total (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)	•			
Part IX	Other Assets. See Form 990, Part X, line 1			<u></u>	
1 411 17	(a) Descriptio				(b) Book value
·····	N/R - RECONELLC				986,217
	N/IN INDONEDED				300,217
					
				- :-	· · · · · · · · · · · · · · · · · · ·
					
					
			·		
					
	n (b) must equal Form 990, Part X, col. (B) line 15)		·	<u>. </u>	986,217
Part X	Other Liabilities. See Form 990, Part X, lin	<u>e 25.</u>			
	(a) Description of liability		(b) Amount	Control of the contro	
ederal incom	e taxes				
PAYROL	L LIABILITIES		3,842	-	
					
		-+			•
				() () () () () () () () () ()	
					
					•
					•
otal. (Column	n (b) must equal Form 990, Part X, col. (B) line 25.)	>	3,842	- 1	
	otnote. In Part XIV, provide the text of the footnote to the or	nanization'	s financial statements	that reports the	

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRATERNAL ORDER OF EAGLES

Employer identification number

OGDEN CHAPTER 87-0199683
FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC

FRAOE FRATERNAL ORDE OF EAGLES

87-0199683 Federal Statements

FYE: 5/31/2010

1/5/2012 4:39 PM

Taxable Interest on Investments

 Description	 Amount	Unrelated Business Code		Acquired after 6/30/75
	\$ 53,414			
TOTAL	\$ 53,414			

	
1/5/2012 4:39 PM	Total refer to Fagle of the state of Fagle of the state of Fagle of the state of th
	ੇਰ-ਵ ਨ- ਪੈਰਟ ਹਰ ਲ ੀ
	Management (General
ements	Total Program Mar Penses Service (Non-employee) Total Service Service Service 29,325 \$ 29,325 \$ 29,325 \$ 1,834 \$ 1,834 \$ 1,834 \$ 1,834 \$ 1,834 \$ 1,834 \$ 1,834 \$ 1,834 \$ 1,409 \$ 8,899 \$ 8,8
Federal Statements	Form 990, Part IX, Line 11g - Other Fe Total Expenses \$ 29,325
FRAUE FRAIERNAL ORDER OF EAGLES 87-0199683 FYE: 5/31/2010	Description BANDS BANDS BANDS BANK CHARGES BINGO LABOR CONTRACTS TOURNAMENTS DECORATION GAS LAWN CARE MISC SUPPLIES REPAIRS BENEFIT LICENSES MAINTENANCE UTILITIES CHARITY PROPERTY TAX SALES TAX OTHER TAXES TOTAL