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Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts as than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

OMB No. 1545-1150

2009 Open to Public

	Department of the Treasury Internal Revenue Service assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.					
	For the 2009 calendar year, or tax year beginning $IUNEI$, 2009, and ending M			AY 7/ ,20/0)	
_					ployer identification number	
	Address				7-024/227	,
	Name ct	hange	use IRS FRATERNAL ORDER of EAGLES print or Number and street (or P O. box, if mail is not delivered to street address) Roon		ephone number	
\mathbb{H}	Initial ret Terminal		typa. P.O. BDX 484	1435	5) 752-87	74
님			Specific City or town, state or country, and ZIP + 4		oup Exemption	
H	Amende Apolicati	on pending	tions. LOGAN, UT 84323		umber ► /	
=					Method:	nual
	¥ 360	2001 301(0)(3)	a completed Schedule A (Form 990 or 990-EZ).	Other (specif	, , –	· uai
_					if the organization is not	
	Nebsi	ita: ►			attach Schedule B (Form 99	'n
			theck only one) — (7501(c) (990-EZ, or 9		٠,
	Check		e organization is not a section 509(a)(3) supporting organization and its gross recei			
			sorganization is not a section sos(a), supporting organization and its gross received the sum of the sum of the sum of the section sos received the section so received the section sos received the section sos received the section sos received the section so received the section so section so received the section so section so section so received the section se			`
_			b, to line 9 to determine gross receipts; if \$500,000 or more, file Form \$90 instead of F		► \$ 226,201	
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (S			
				oc are more		
	1		ns, gifts, grants, and similar amounts received		1	
	2		ervice revenue including government fees and contracts		2 (2.2//	
	3		p dues and assessments		3 6204	
	4	Investment	1 - 1		4	
	-5a		unt from sale of assets other than inventory . 5a		-	
	Ь		or other basis and sales expenses		- <u>-</u> ·	
0	С		s) from sale of assets other than inventory (Subtract line 5b from line 5a		5c	
Revenue	6		and activities (complete applicable parts of Schedule G). If any amount is from gaming, ch	eck here 🕨 📋		
8	a	Gross reve	nue (not including \$ of contributions	-		
æ	i	reported or	ı (ine 1)		_	
	b		t expenses other than fundraising expenses 6b		_	
	C	Net income	or (loss) from special events and activities (Subtract line 6b from line 6c	a)	6c	
	7a	Gross sales	of inventory, less returns and allowances	18,623	<u>'</u>]	
	ļЬ	Less: cost	of goods sold	84,883	\	
	c		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c /34,041	
	8	Other rever	nue (describe ► FUN) RAJS4NG ")	8 //373	
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> , ▶</u>	9 141,619	
,	10	Grants and	similar amounts paid (attach schedule)		10	
	11	Benefits pa	11			
98	12	Salanes, ot	her compensation, and employee benefits		12 58,/47	<u> </u>
enses	13	Professiona	al fees and other payments to independent contractors		13	
٠ ۾	14	Occupancy	rent, utilities, and maintenance		14 34533	
щ	15	Printing, pt	blications: postage, and shipping		15 469	_
	16	Other expe	greations postage and snipping great (describe ► SEE ATTACHE))	16 54 7 24	
_	17	ιτισταί expe	nses. Add lines 10)through 16	▶	17 /47, 432	<u></u>
ø	18	(Éxcess)or	deficit) for the year (Subtract line 17 from line 9)		18 (58/3)	
86	19	Net assets	or fund balances, at beginning of year (from line 27, column (A)) (mus	t agree with	1 173 636	⊅
Net Assets		end-of-yea	figure reported of prior year's return)		19 / 30,	<u>/</u>
et	20	Other chan	ges in net assets or fund balances (attach explanation)		20	_
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	<u></u>	21 /24 22	<u>5</u>
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ:						<u></u>
			(See the instructions for Part II.)	(A) Beginning of	of year (B) End of year	
22	: Ca	ash, savings,	and investments	21,024	6 22 872	4
23	قيا ا	and and build	ings	1299	56 23 133,69	<u>'</u> Z
24		ther assets (c	· ,	7	24	
25 Total assets						
26 Total liabilities (describe > BANK LOAN) 25, 943 26 18,195						<u>ح</u> ے'
27	N	et assets or	fund balances (line 27 of column (B) must agree with line 21)	13500	39 27 124,2	عر(

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	990-EZ (2009) **III Statement of Program Service Accom	plishments (See the ins	tructions for Part	111.)		Page :	
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.					(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; option for others.)		
28					10.0	}	
29	(Grants \$) If this amount	 includes foreign grants, c	heck here	. • 🗆	28a	,	
30	(Grants \$) If this amount	includes foreign grants, c	heck here	. > □	29a		
	(Grants \$) If this amount		heck here	. ▶ □	30a		
32	Other program services (attach schedule) (Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign grants, c hrough 31a)	* 4	▶	31a 32		
Par	t IV List of Officers, Directors, Trustees, and Key						
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0)	(d) Contribution employee benefit deferred compen	plans &	(e) Expense account and other allowances	
			 				
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Form 990-EZ (2009)

	Other information (Note the Statement requirements in the instructions for Part V.)			
•			Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	00		١,
	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of	33		
	the changes	34		\
	f the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	34		<u> </u>
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	Ì		
	6033(e) notice, reporting, and proxy tax requirements?	35a		1
	f "Yes," has it filed a tax return on Form 990-T for this year?	35b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	332		
	during the year? If "Yes," complete applicable parts of Schedule N	36		1
a i	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37ь		V
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		V
b i	f "Yes," complete Schedule L, Part II and enter the total amount involved			_
	Section 501(c)(7) organizations. Enter:			
ai I	nitiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
5	section 4911 ►; section 4912 ►; section 4955 ►			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		}	
t	ransaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			1.
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 1955, and 4958	j		
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		1	
	embursed by the organization	ĺ	1	•
	all organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			}
	ransaction? If "Yes," complete Form 8886-T	40e	l	ν
L	ust the states with which a copy of this return is filed. ► UTAH			
	The organization's books are in care of VEANNIE BELL Telephone no. 1208	185	ي - ر	}3
Ĺ	ocated at ► 3433 So. 400 W PRESTON (1) ZIP+4 ► 83	عرف	?	
b A	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	[Yes	No
а	ccount)?	42b		1/
- H	f "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.		-	7)
	at any time dunng the calendar year, did the organization maintain an office outside of the U.S.?	42c		V
	"Yes," enter the name of the foreign country: ▶			,
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. >	<u> </u>
а	nd enter the amount of tax-exempt interest received or accrued during the tax year			
		r	, · · · ·	
			Yes	No
	old the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		-	/ נ
	form 990-EZ	44		<u>v</u>
	s any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	45).
	Yes," Form 990 must be completed instead of Form 990-EZ	45 990		<u> </u>

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	17(a)(1) nonexempt char	exempt charitate trusts must	ole trusts only. Ast answer question	ns 46–49b	
46	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete s				Yes No	<u>-</u>
47	Did the organization engage in lobbying activities				46	7
48	Is the organization a school as described in section			 E	47 48	<u></u>
49a	Did the organization make any transfers to an ex-			_	49a	1
b	If "Yes," was the related organization a section 5	•			49b	7
50	Complete this table for the organization's five hig employees) who each received more than \$100,0	ghest compensated emplo	yees (other than o	officers, directors,	rustees and ke	- 3y
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense	_
						_
						_
		····	 	 	·	_
	,					_
		2 2 4	4 ; -			
			•			_
	Complete this table for the organization's five h \$100,000 of compensation from the organization (a) Name and address of each independent contractor p	i. If there is none, enter "N	one."		eived more that	n - -
						-
d	Total number of other independent contractors ea	ach receiving over \$100,00	00 •			_
	Under penalties of penury, I declare that I have examined and belief, it is true, correct, and complete. Declaration of	d this return, including accompany of preparer (other than officer) is bo	nng schedules and stat ased on all information	ements, and to the best of which preparer has a	of my knowledge ny knowledge.	_ _
Sign Here	Signature of officer Cannie Bell Type or print name and title		· o	Secretar 10-12-1	0	- -
Paid Prepare	Preparer's signature	mas 10-8-		Preparer's identifying numb	per (See instructions)	_
Use Ont		TOMES PRESTON	EIN STREET	<u></u> ∳n∂. ►		-
May the	a IRS discuss this return with the preparer shown	above? See instructions		. ´ <u>▶ 🗗</u>	Yes ☐ No n 990-EZ (2009	-)

FRATERNAL ORDER OF EAGLES

Other Expenses 2009

Accounting	265			
Advertising	40			
Banking	6454			
Donations	2122			
Dues	2124			
Entertainment	2801			
Gifts	361			
Insurance	9033			
interest	1147			
Licenses :	1850			
Misc.	2630			
Office Supplies	133			
Taxes, Payroll	5476			
Taxes, Property	8225			
Taxes, Sales	9690			
Taxes, Tourist	1973			
Total	54324			

FRATERNAL ORDER OF EAGLES AERIE 3114 OFFICER LIST FOR 2009/2010

Worthy Past President

Worthy Inside Guard

Worthy President Clint Crockett PO Box 484 Logan, UT 84323 Worthy Outside Guard JoDee Johnson 191 West 1100 North Logan, UT 84341

Worthy Vice President

Worthy Trustee (2 year)

Clair Jones 649 East Center Logan, UT 84321

Worthy Treasurer

Worthy Trustee Dustin Law

203 East 100 South Smithfield, UT 84335

Worthy Secretary Jeannie Bell 3433 South 400 West Preston, ID 83263 Worthy Trustee Travis Brakefield 60 South 800 East Hyrum, UT 84319

Worthy Chaplain James Johnson 191 West 1100 North Logan, UT 84341

Worthy Conductor Roger Atkinson 200 Sterling Place North Logan, UT 84341